STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	02/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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 167349, 167270 and 166060 for the above named facility conducted on 02/28/23.	S 000		
S3026 SS=G	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (1) (B) The facility reported a census of 19 residents. The sample included 3 "Residents'", (R's 1, 2, and 3). Based in interview and record review the operator failed to protect R1 from neglect after she was marked as a fall risk on the "Functional Capacity Screen" (FCS) dated 09/30/22, after she experienced a recognized change of condition. The LN "Licensed Nurse" (LN) failed to implement fall prevention interventions after R1 experienced increasing weakness. R1 fell on 12/27/22 , hit her head and had a "gash" to the back of her head. R1 fell again on 02/02/23 which resulted in a fracture of R1 right hip . Resident was sent by ambulance to the	S3026		

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

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S3026	Continued From page 1 emergency room and R3 was scheduled for surgical repair on 02/03/23. Findings included: - Record review for R1 revealed an admission date of 11/20/21 with diagnoses of acute systolic congestive heart failure, essential primary hypertension, chronic fatigue, adjustment disorder with mixed anxiety and depressed mood, insomnia, kyphosis of the thoracic region, and chronic pulmonary edema. Record review of R1 FCS dated 11/09/21 identified R1 required physical assistance with bathing, and supervision with dressing. She was independent with toileting, transferring, walking/mobility and eating. She lacked the ability to manage her own medications, was occasionally incontinent, had impaired short-term memory, impaired long-term memory, and impaired memory recall. She was able to make herself understood and she understood others. She was marked with impaired vision and impaired hearing and used a walker mobility device and wore a soft neck collar. Review of R1 FCS dated 09/30/22 identified R1 had a significant change and required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating. She continued to lack the ability to manage her own medications, she was continent, cognition section was not scored, she continued to make herself understood, and she continued to understand others. She was then marked with falls/unsteadiness and impaired vision and used a wheelchair mobility device.	S3026		

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S3026	Continued From page 2 The "Negotiated Service Agreement" (NSA) for R1, which lacked the signature of R1 or R1 responsible party, dated 09/30/22 identified the following health care services to be provided: Supervised Nursing Services were checked, Name of the LN responsible for the health services plan was blank. The resident required physical assistance with bathing and dressing. Toileting assistance was defined as "physical assistance needed and/or frequent reminders during the day to manage incontinence. Resident must participate in incontinence management and use the toilet." Transferring assistance was defined as "required physical assistance to transfer safely-resident was involved in transfer and can bear weight and maneuvering with supervision/guidance." Mobility assistance was defined as "Requires physical assistance to ambulate and/or maneuver wheelchair/walker in halls, common areas or out of the building". She required supervision with eating. The Skilled Nursing/Healthcare Services for outside providers was blank, and the document lacked a section for falls/safety. Record review of R1 facility provided care plan / health service plan had the following fall interventions: 11/30/21 R1 apartment will be free from clutter and well lit, call pendant will be within reach, staff to assist as needed. 5/17/22 R1 care plan reviewed no new interventions at this time. The document lacked interventions or updates	S3026		

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S3026	Continued From page 3 based on the resident documented increasing weakness and falls. Record review of R1 electronic progress notes dated 09/12/22 through 02/23/22 revealed the following entries: 09/16/22 at 03:54 PM "Resident returned from the hospital via family transport. Diagnosis of COVID, pneumonia and weakness. Returned on 2 Liters of oxygen continuous, Dexamethasone 6 milligrams daily for 5 days, Cefdinir 300 milligrams every 12 hours for 3 days for pneumonia. If resident is not able to void after 12 hours straight catheterization for urine retention. Denies pain or discomfort. Will remain on isolation through 09/22/22. The electronic progress notes lacked an entry until 09/26/22. 09/26/22 at 09:43 PM "daughter in the building and concerned about patient's condition. Reported that blood pressure and heart rate were low, and she requested the Metoprolol, Amiodarone, and Lasix be held, she is requesting home health physical therapy, occupational therapy, and speech therapy due to the return from the hospital and patient is very weak and frail ". 09/27/22 at 01:32 PM "New order received for Doxycycline 100 milligrams twice a day for 7 days for diagnoses of pneumonia, Combivent inhaler 2 puffs 4 times a day for 7 days and obtain a CBC and CMP lab stat. Family and pharmacy notified.	S3026		

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S3026	Continued From page 4 09/30/22 at 07:21 AM "Seen by provider today. Obtain a CPC and CMP lab on 10/05/22 and start bladder training for 2 days and then discontinue the foley catheter. Family notified. 10/06/22 at 02:36 "Seen by provider today. New orders for chest X-ray, BMP and CBC stat. Results reviewed by provider. New orders for Clindamycin 300 milligrams three times a day for 10 days, Prednisone 20 milligrams give 2 tabs daily for 4 days, Duoneb treatments three times a day and every 6 hours as needed for pneumonia. Consult home health for medical assistant, nursing, occupational, speech and physical therapies, for aspiration pneumonia and weakness. Pharmacy and family notified" 11/01/22 at 01:24 PM "Seen by provider today, new orders for chest X -Ray, BMP, and CBC labs stat. Results reviewed by the provider. New orders for Clindamycin 300 milligrams 3 times a day for 10 days, Prednisone 20 milligrams give 2 tabs daily for 4 days, Duoneb treatments 3 times a day and every 6 hours as needed for pneumonia. Consult for home health for medical assistant, nursing, occupational therapy, physical therapy, and speech therapy for aspiration pneumonia and weakness". 11/08/22 at 10:07 AM Late entry "seen by provider today, Norco increased to 5milligrams hydrocodone and 325 milligrams of acetaminophen to 1 tablet three times daily, give with meals for increased pain. Pharmacy and family notified. 11/09/22 at 04:30 PM "Seen by provider today. New order for Pulmicort inhaler 2 puffs twice	S3026		

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S3026	Continued From page 5	S3026		

daily for interstitial lung disease. Obtain CPC and BMP for pneumonia. Pharmacy notified and family present.

12/01/22 at 02:03 PM "Labs reviewed increase Synthroid to 200 micrograms every morning for hypothyroidism. Recheck "Thyroid Stimulating Hormone" (TSH) with reflex free T4 on 01/12/23. Family and pharmacy notified.

12/13/22 at 02:33 PM "seen by provider today new orders received for Combivent inhaler 2 puffs Three times a day for shortness of air, nocturnal oximetry for three days, CPC and CMP lab draws on 12/22/22 for hypoxia. Pharmacy and family notified"

12/21/22 at 10:28 AM "urinalysis collected and sent to lab; urinalysis is positive for urinary tract infection. New orders for Fosfomycin 3-gram 1 dose for urinary tract infection. Pharmacy and family notified.

12/27/22 at 10:28PM "Received call from certified medication aide reporting that patient pressed call light and was found on the floor in the bathroom with bleeding from her head. Patient is alert and oriented, noted small gash to the back of her head, resident was assisted to a standing position by staff with no issues. Pressure applied to the head wound. Vitals: blood pressure 110/45, oxygen 81% on room air, respirations were 28 breaths per minute, oxygen applied at 2 liters and oxygen up to 98%. "Pupils equal round reactive to light and accommodation. Patient is alert and orientated, she denies any new pain, range of motion is within normal limits. Call placed to patient

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S3026	Continued From page 6	S3026		

husband to notify of fall and that patient is adamantly refusing to go to the emergency room. Staff will continue neurological checks and vitals per protocol and notify this nurse of any changes or concerns. Instructed to keep oxygen on throughout the night."

12/28/22 11:17 AM "Resident feeling weak this morning, provider ordered stat CBC and CMP labs for weakness and fatigue. Family notified".

12/29/22 at 12:02 PM "New order received for Tamiflu 75 milligrams daily for 7 days for influenza A prophylaxis. Pharmacy and family notified".

12/29/22 at 12:21PM "Provider ordered respiratory viral panel, chest X-ray for cough and follow up urinalysis. Lab and family notified.

01/12/23 at 12:35 PM "Seen by provider today. New orders received to increase MiraLAX to twice daily, Dulcolax suppository 10 milligram insert 1 suppository rectally for constipation. Decrease Amiodarone to 200 milligrams one time a day for atrial fibrillation, family and pharmacy notified."

01/13/23 at 04:22 AM "Order received to consult hospice to evaluate and treat for pulmonary fibrosis, rheumatoid arthritis, kyphosis, and dysphagia. Orders sent to local home care and hospice; family notified".

01/17/23 at 02:42 PM "Seen by provider today. Decrease MiraLAX to 17 grams every 24 hours as needed in the afternoon if no results give another dose in the morning for constipation,

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S3026	Continued From page 7 pharmacy and family notified. 02/02/23 at 04:53 PM "Resident found on the floor next to four wheeled walker. Resident stated her slipper came off while ambulating and she lost her balance and fell backwards on the floor. Vital signs: blood pressure 176/89, temperature 97.0F, pulse 63 beats per minute, respirations 21 breaths per minute, oxygen saturation 94% on room air. Active and passive range of motion within normal limits to left side, resident complaining of right leg hurting. 911 called at that time to transport resident to the hospital for further evaluation. Family and provider notified. 02/02/23 at 09:29 PM "Resident has been admitted to the hospital for a fractured right hip. Resident will have surgery in the morning, family is with the resident". Interview on 02/28/23 with LN A, she confirmed the NSA, and the Health Service Plan/ Facility Care Plan did not contain interventions after the fall on 12/27/22, she further confirmed the NSA and Health Service Plan/ Facility Care Plan lacked health services and interventions for fall prevention measures. The operator failed to protect R1 from injury after she was marked as a fall risk on the "Functional Capacity Screen" (FCS) dated 09/30/22, after she experienced a recognized change of condition. The LN "Licensed Nurse" (LN) failed to implement fall prevention interventions after R1 experienced increasing weakness, had a fall with injury and a left hip fracture.	S3026		

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S3081	Continued From page 8	S3081		
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)(1) The facility reported a census of 19 residents. The sample included 3 "Residents'" (R's 1, 2, and 3). Based on interview and record review the operator failed to ensure facility staff conducted a screening to determine R2 functional capacity at least once every 365 days. Findings included: - Record review for R2 revealed an admission date of 01/09/14 with diagnoses of atrial fibrillation, Parkinson's disease, hypertension, nonrheumatic mitral valve insufficiency, hyperlipidemia, tremors, heart failure, localized edema, weakness, and chronic kidney disease. Record review of R2 "Functional Capacity Screen" dated 03/05/21 revealed the resident required physical assistance with bathing and	S3081		

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S3081	Continued From page 9 toileting, she was independent with dressing, transferring, walking, and eating. She lacked the ability to manage her own medications and was incontinent. Her memory was intact, and she was able to make herself understood and she understood others. She was marked as a fall risk and had impaired hearing. She used a walker and wheelchair mobility device. Record review of R2 "Negotiated Service Agreement" (NSA) dated 03/05/21 identified the following health services the facility would provide/coordinate: she had an outside provider for the management of the indwelling urinary catheter, staff to assist with resident getting in and out of the shower, washing and drying her back and lower extremities, and applying lotion. Staff to assist with emptying catheter bag and manage her medications. Interview on 02/28/23 at approximately 04:30 PM with LN A and Operator C, they confirmed the resident FCS was greater the 365 days old. The operator failed to ensure facility staff conducted a screening to determine R2 functional capacity at least once every 365 days.	S3081		
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	S3085		

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S3085	Continued From page 10 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 19 residents. The sample included 3 "Residents'", (R's 1, 2, and 3). Based in interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 included the description of hospice services the resident would receive, identification of the provider of the hospice services, and further failed to identify the party responsible for payment of the hospice service. Findings included: - Record review on 02/28/22 at 11:26 AM for R1 revealed an admission date of 11/20/21 with diagnoses of acute systolic congestive heart failure, essential primary hypertension, chronic fatigue, adjustment disorder with mixed anxiety and depressed mood, insomnia, kyphosis of the thoracic region, and chronic pulmonary edema.	S3085		

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S3085	Continued From page 11 Record review of R1 FCS dated 09/30/22 identified R1 had a significant change and required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating. She continued to lack the ability to manage her own medications, she was continent, cognition section was not scored, she continued to make herself understood, and she continued to understand others. She was then marked with falls/unsteadiness and impaired vision and used a wheelchair mobility device. Record review of the R1 "Negotiated Service Agreement" (NSA) which lacked the signature of R1 or R1 responsible party, dated 09/30/22 identified the following health care services to be provided: Supervised Nursing Services were checked, Name of the LN responsible for the health services plan was blank. The resident required physical assistance with bathing and dressing, toileting, transferring and mobility. She required supervision with eating. The Skilled Nursing/Healthcare Services for outside providers was blank, and the document lacked a section for falls/safety. Record review of R1 facility provided care plan / health service plan had the following fall interventions: 11/30/21 R1 apartment will be free from clutter and well lit, call pendant will be within reach, staff to assist as needed. 05/17/22 R1 care plan reviewed no new interventions at this time. The document lacked services provided by the hospice agency.	S3085		

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S3085	Continued From page 12 Record review of R1 electronic progress notes dated revealed the following entry: 01/13/23 at 04:22 AM "Order received to consult hospice to evaluate and treat for pulmonary fibrosis, rheumatoid arthritis, kyphosis, and dysphagia. Orders sent to local hospice and family notified". Record review of the facility provided hospice notes for R1 revealed she was admitted to hospice services on 01/13/23. Interview on 02/28/23 at approximately 04:30 PM with LN A, she confirmed the NSA lacked the hospice agency as an outside provider. The operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 included the description of hospice services the resident would receive, identification of the provider of the hospice services, and further failed to identify the party responsible for payment of the hospice service.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s	S3092		

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S3092	Continued From page 13	S3092		

legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-202 (d)(1)

The facility reported a census of 19 residents. The sample included 3 "Residents'" (R's 1, 2, and 3). Based on interview and record review.

Findings included:

- Record review for R2 revealed an admission date of 01/09/14 with diagnoses of atrial fibrillation, Parkinson's disease, hypertension, nonrheumatic mitral valve insufficiency, hyperlipidemia, tremors, heart failure, localized edema, weakness, and chronic kidney disease.

Record review of R2 "Functional Capacity Screen" dated 03/05/21 revealed the resident required physical assistance with bathing and toileting, she was independent with dressing, transferring, walking, and eating. She lacked the ability to manage her own medications and was incontinent. Her memory was intact, and she was able to make herself understood and she understood others. She was marked as a fall risk and had impaired hearing. She used a walker and wheelchair mobility device.

Record review of R2 "Negotiated Service Agreement" (NSA) dated 03/05/21 identified the following health services the facility would

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	N087081	A. BUILDING: _____ B. WING _____	02/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3092	Continued From page 14 provide/coordinate: she had an outside provider for the management of the indwelling urinary catheter, staff to assist with resident getting in and out of the shower, washing and drying her back and lower extremities, and applying lotion. Staff to assist with emptying catheter bag and manage her medications. Interview on 02/28/23 at approximately 04:30 PM with LN A and Operator C, they confirmed the resident NSA had not been reviewed in greater than 365 days. The operator failed to ensure the review, and if necessary, revision of R2 "Negotiated Service Agreement" (NSA) at least once every 365 days.	S3092		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (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)	S3186		

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S3186	Continued From page 15 The facility reported a census of 19 residents. The sample included e "Residents'" (R's 1, 2, and 3). Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the selected medications R3 would self-administer and the medications R3 selected for the facility to administer. Findings included: Record review of the facility provided resident roster revealed R3 required insulin injections. Record review on 02/28/23 at 02:50 PM for R3 revealed an admission date of 09/16/22 with diagnoses of essential tremor, hypo osmolality and hyponatremia, essential hypertension, and type 2 diabetes mellitus without complications. Record review of R3 "Functional Capacity Screen" (FCS) dated 09/16/22 revealed R3 was independent with bathing, dressing, toileting, transferring, walking, and eating. He required supervision with management of his medications and was continent of bladder. The cognition section was left blank. He was able to make himself understood and he understood others. He was not marked with any recent problems or risk and used no mobility device. Record review of R3 NSA identified the following health services to be provided by the facility: required/preferred staff to administer his medications. Under the delegation of services section, medication management was entered. Record review of R3 Health Service Plan/facility	S3186		

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S3186	Continued From page 16 care plan stated "R3 has a diagnosis of Diabetes II, R3 will control his blood sugars and stay active, R3 takes Levemir 12 units at bedtime for type 2 diabetes". Record review of the facility titled document "Self-administration of medications" the resident was marked as independent, and safe to self-administer his own medications. Record review of R3 "Electronic Medication Administration Record" (EMAR) revealed the following: Levemir Flex Touch Solution Pen-injector 100units / milliliter Inject 12 units subcutaneously at bedtime for diabetes mellitus, unsupervised self-administration. Levemir Flex Touch Solution Pen-injector 100units / milliliter Inject 30 units subcutaneously one time a day for diabetes mellitus, unsupervised self-administration. Interview on 02/28/23 at approximately 03:30 PM with LN A and operator C, they confirmed R3 dialed his own insulin pen, and he did self-inject the insulin. The operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the selected medications R3 would self-administer and the medications R3 selected for the facility to administer.	S3186		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared	S3298		

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S3298	Continued From page 17 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 19 residents. Based on interview and record review the operator failed to ensure food was served at the proper hot or cold temperature prior to serving to the residents. Findings included: - Record review on 02/28/23 at 08:53 AM of the facility food temperature logbook revealed the following: the pages were titled "Food Temperature Log", a blank area nest to "Date started", below that was printed the following instructions: "Record temperature prior to start of	S3298		

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S3298	Continued From page 18	S3298		

service and again halfway through service. Hot foods must be above 135 degrees Fahrenheit and cold foods below 41 degrees Fahrenheit. Below the statement were the days of the week, and down the left side of the page were sections for "breakfast", "lunch", and "dinner".

Interview with dietary staff B on 02/28/23 at 08:53 AM, she confirmed the page covers 1 full week of meals.

Food temperature log for week of 01/01/23 had the following days which lacked entries for food temperatures obtained:
Monday dinner lacked an entry
Tuesday breakfast and dinner lacked an entry
Wednesday breakfast and dinner lacked an entry
Thursday breakfast and dinner lacked an entry
Friday breakfast and dinner lacked an entry
Saturday breakfast, lunch and dinner lacked an entry.

Food temperature log for week of 01/08/23 had the following days which lacked entries for food temperatures obtained:
Sunday lunch and dinner lacked an entry
Monday breakfast and dinner lacked an entry
Tuesday breakfast and dinner lacked an entry
Wednesday dinner lacked an entry
Thursday breakfast and dinner lacked an entry
Saturday breakfast, lunch and dinner lacked an entry.

Food temperature log for week of 01/15/23 had the following days which lacked entries for food temperatures obtained:

Sunday breakfast, lunch and dinner lacked an

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	N087081	A. BUILDING: _____ B. WING _____	02/28/2023

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S3298	Continued From page 19 entry. Monday breakfast and dinner lacked an entry Tuesday breakfast and dinner lacked an entry Wednesday breakfast, lunch and dinner lacked an entry. Thursday breakfast and dinner lacked an entry Friday breakfast and dinner lacked an entry Saturday breakfast, lunch and dinner lacked an entry. Food temperature log for week of 01/22/23 had the following days which lacked entries for food temperatures obtained: Sunday breakfast, lunch and dinner lacked an entry. Monday breakfast and dinner lacked an entry Tuesday breakfast and dinner lacked an entry Wednesday breakfast and dinner lacked an entry Thursday breakfast and dinner lacked an entry Friday breakfast, lunch and dinner lacked an entry Saturday breakfast, lunch and dinner lacked an entry. Food temperature log for week of 01/29/23 had the following days which lacked entries for food temperatures obtained: Sunday breakfast, lunch and dinner lacked an entry. Monday breakfast and dinner lacked an entry Tuesday breakfast and dinner lacked an entry Wednesday breakfast and dinner lacked an entry Thursday breakfast and dinner lacked an entry Friday breakfast, lunch and dinner lacked an entry. Saturday breakfast, lunch and dinner lacked an entry.	S3298		

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S3298	Continued From page 20 Food temperature log for week of 02/05/23 had the following days which lacked entries for food temperatures obtained: Sunday breakfast, lunch and dinner lacked an entry Monday breakfast and dinner lacked an entry Tuesday dinner lacked an entry Wednesday dinner lacked an entry Thursday breakfast and dinner lacked an entry Friday dinner lacked an entry Food temperature log for week of 02/12/23 had the following days which lacked entries for food temperatures obtained: Sunday dinner lacked an entry Monday dinner lacked an entry Tuesday breakfast and dinner lacked an entry Wednesday breakfast and dinner lacked an entry Thursday breakfast and dinner lacked an entry Friday breakfast and dinner lacked an entry Saturday breakfast, lunch and dinner lacked an entry Food temperature log for week of 02/19/23 had the following days which lacked entries for food temperatures obtained: Sunday breakfast, lunch and dinner lacked an entry Monday dinner lacked an entry Tuesday dinner lacked an entry Wednesday dinner lacked an entry Thursday breakfast and dinner lacked an entry Friday dinner lacked an entry Saturday breakfast, lunch and dinner lacked an entry Food temperature log for week of 02/26/23 had the following days which lacked entries for food	S3298		

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S3298	Continued From page 21 temperatures obtained: Sunday breakfast, lunch and dinner lacked an entry Monday breakfast and dinner lacked an entry Interview with LN A and dietary staff B on 08/28/23 at 08:53 AM confirmed the food temperature logs lacked documentation of food temperatures being obtained.	S3298		
S3310 SS=F	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 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207(c) The facility reported a census of 19 residents. The sample included 3 "Residents'" (R's1, 2, and 3), and 5 newly hired employees. Based on interview and record review the operator failed to	S3310		

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S3310	Continued From page 22 ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care home adopted by reference in K.A.R.26-39-105 for 2 newly hired employees (Operator C and "Certified Medication Aide" (CMA)D, and R1 and R2. Findings included: - Record review on 02/28/22 of the newly hired employee Operator C personnel record revealed he began employment on 04/04/22. The record contained a document showing the first step of the two step TB test was implanted on 01/15/19 and read on 01/17/19. The second step was performed on 01/23/2019 and read on 01/25/2019. The record lacked documentation that the employee provided satisfactory documentation of receiving the two-step TB test within six months prior to employment that read not positive, or the satisfactory documentation that the employee received a single TB test six months prior to employment that read not positive and documentation of a single step TB skin test. Record review for newly hired employee CMA D personnel record revealed she began employment on 05/18/22. The personnel record included a TB screening and lacked the results of a negative two step TB test. Interview on 02/28/23 at approximately 03:30PM with LN A and Operator C, they revealed that CMA D completed the symptom screen for the TB testing, they confirmed CMA D had a chest X ray, and the personnel record lacked the results of the chest X ray.	S3310		

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S3310	Continued From page 23 - Record review for R1 revealed and admission date of 11/30/21 with diagnoses of acute systolic congestive heart failure, essential primary hypertension, chronic fatigue, adjustment disorder with mixed anxiety and depressed mood, insomnia, kyphosis thoracic region, and chronic pulmonary edema. Record review of R1 TB testing revealed the first step was implanted on 11/30/21 and read on 12/2/21. The second step was implanted on 12/14/21 and read on 12/16/21. The TB symptom screen was dated 11/30/21. The record lacked an annual TB symptom screen. Record review for R2 revealed an admission date of 01/09/2014 with diagnoses of atrial fibrillation, Parkinson's disease, hypertension, nonrheumatic mitral valve insufficiency, hyperlipidemia, tremor, heart failure, localized edema, weakness, and chronic kidney disease. Record review of R2 TB symptom screening revealed the date of 10/11/21. The record lacked a current TB symptom screen for the year of 2022. Interview on 02/28/23 at approximately 03:30PM with LN A and Operator C, they confirmed R1 and R2 TB annual symptom screens were not in the resident records. The operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care home adopted by reference in K.A.R.26-39-105 for 2 newly hired employees (Operator C and "Certified Medication	S3310		

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S3310	Continued From page 24 Aide" (CMA)D, and R1 and R2.	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. The facility reported a census of 19. The sample included 3 residents. Based on observation and interviews for all residents, the facility failed to post a conspicuous notice at 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 02/28/23 at 08:31AAM with	S9999		

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S9999	Continued From page 25	S9999		

Licensed Nurse A, she stated the facility did not have video surveillance, she continued to state that one resident had family placed electronic monitoring devices in the living room and bedroom of one resident.

Observation on 02/28/23 at approximately 08:53 AM at the time of the facility tour, it was observed none of the residents' doors had a posing stating that some of the residents' rooms may be monitored electronically.

Observation on 02/28/23 at approximately 04:30 PM of a resident sleeping in her recliner with the door to her apartment open, observed on the far right of the kitchen counter sat a small white video device pointed at the resident recliner.

Interview on 02/28/23 at approximately 04:30 PM with Operator C, he confirmed each resident room lacked the posting that stated some of the residents' rooms may be monitored electronically, he further confirmed the resident family had not signed the paperwork to place the devices in the resident room.

For all residents, the facility failed to post a conspicuous notice at 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.