STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B011004	A. BUILDING: _____ B. WING _____	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY LIVING LLC	445 E 10TH ST BAXTER SPGS, KS 66713

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #169139, 169147 and 175688 at the above named Home Plus conducted on 04/11/23 and 04/12/23.	S 000		
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; 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 six residents with three residents sampled and included one abbreviated review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101,	S5105		

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

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S5105	Continued From page 1 R102, R103 and R104. Findings included: - R101's medical record revealed the resident moved into the facility on 12/01/17 with diagnoses epilepsy and traumatic brain injury. The 06/13/22 FCS revealed R101 triggered for cognition, communication, impaired decision-making and inappropriate behavior. The 06/13/22 NSA did not address R101's cognition, communication, impaired decision-making and inappropriate behavior. On 04/12/23 at 09:30 AM Licensed Nurse (LN) C stated not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed the resident moved into the facility on 01/05/22 with a diagnosis of left-sided weakness due to stroke. The 01/05/22 FCS identified R102 triggered for cognition, fall, unsteadiness and impaired hearing. The 01/05/22 NSA did not address R102's triggers for cognition, fall, unsteadiness and impaired hearing. On 04/12/23 at 09:30 AM LN C stated not	S5105		

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S5105	Continued From page 2 everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. -R103's medical record revealed the resident moved into the facility on 12/09/20 with diagnoses of type 2 diabetes and chronic pain. The 09/07/22 FCS identified R103 triggered for bladder incontinence, cognition, communication and falls, unsteadiness. The 09/07/22 NSA did not address R103's bladder incontinence, cognition, communication and falls, unsteadiness. On 04/12/23 at 09:30 AM LN C stated not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS. -R104's medical record revealed the resident moved into the facility on 09/03/21 with a diagnosis of congestive heart failure. The 09/07/22 FCS identified R104 triggered for impaired vision, impaired hearing and impaired decision-making. The 09/06/22 NSA did not address R104's impaired vision, impaired hearing and impaired decision-making.	S5105		

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S5105	Continued From page 3 On 04/12/23 at 09:30 AM LN C stated not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered in the FCS.	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 had a census of six residents. All six residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.	S5192		

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S5192	Continued From page 4 Findings included: - On 04/11/23 at approximately 09:23 AM an observation of the kitchen revealed there was no documentation food temperatures were monitored prior to serving to the facility residents past 03/02/23. At 09:28 AM Administrative Staff A stated the main kitchen staff was out for medical reasons and acknowledged the food temperature logs had not been kept up to date. The 03/11/19 "Food Temperature Cooking and Process" policy documented, "All cooked foods are to be checked with a calibrated thermometer and notated in the food temperature log." The operator failed to ensure food items were served at the proper temperature.	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)	S5195		

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S5195	Continued From page 5 The facility had a census of six residents. All six residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators were labelled and dated appropriately. Findings included: On 04/11/23 at 09:23 AM an inspection of the stand-up fridge/freezer revealed several food items in bowls covered by aluminum foil not labelled or dated and four pitchers of beverages were not dated and only one was labelled as sweet tea. The 03/11/19 "Food Labeling and Dating" policy documented, "The following must be written on any opened or unused food that requires refrigeration. For refrigerated foods the common name of the food..., date the food was made and use by date must be marked on the container or wrapping with permanent ink." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017 documented, "Date mark foods appropriately, cover foods after completely cooled, cover foods to maintain cold holding temperature." The operator failed to ensure food items were stored under safe and sanitary conditions by failing to properly date and mark food items that were stored in the refrigerator.	S5195		

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S5230	Continued From page 6	S5230		
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 six residents. Based on interview and record review for three residents and three new employee records, 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. Findings included: - Review of three newly hired staff records revealed the following: Dietary Staff C's employee record revealed a hire date of 09/15/22. The facility failed to ensure a two-step TB skin test was completed within	S5230		

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S5230	Continued From page 7 seven days of the provided hire date. On 04/11/23 at 02:40 PM Administrative Staff A stated Dietary Staff B worked for the facility and then left to work elsewhere and was rehired at a later date but did not have a two-step TB skin test completed upon re-hire. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall receive a two-step TST...withing 7 days of ...employment ..." 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 regarding newly hired employees.	S5230		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced	S5313		

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S5313	Continued From page 8 by: KAR 26-42-205(g)(3) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over-the-counter medications. Findings included: - Observation on 04/11/23 at 09:10 AM revealed the medication room contained the following over-the-counter medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Fish Oil capsules. R105: One bottle of Spring Valley B12. One bottle of Rexall Potassium 99 milligrams (mg). The medication cabinet also contained: One bottle of Equate Ibuprofen marked as STOCK. One bottle of Careall non-aspirin Acetaminophen with no resident name marked on it. The 03/11/19 "Medication Supply, Packaging, and Storage" policy documented, "...Over the counter medications (OTC)...A licensed nurse or shall place the resident's name on the package..."	S5313		

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S5313	Continued From page 9 The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		