STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B026002	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named home plus facility conducted on 04/19/23 and 04/20/23.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated 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: KAR 26-42-201 (c) (1) The census equaled 6 residents. The sample included 3 residents. Based on record review and interview, the facility failed to ensure designated facility staff conducted a screening at least once every 365 days to determine each resident's functional capacity for Resident (R)2 and R3. Findings included: - R2's "Medical Record" revealed she admitted to the facility on 11/19/21 with diagnoses of osteoarthritis, hypertension, depression and Alzheimer's Disease.	S5085		

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

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S5085	Continued From page 1 The "Functional Capacity Screen" (FCS) dated 11/19/21 recorded the resident required supervision with toileting, transfers, walk/mobility and eating, physical assistance required for bathing and dressing, and was unable to manage medications and treatments. The FCS recorded R2 was incontinent, had impaired short-term and long-term memory, impaired memory/ recall and impaired decision making. R2 was usually understandable/ usually understood, was at risk for falls/ unsteadiness and was a known wander risk. R2's "Medical record" lacked completion of a FCS since admission on 11/19/21. Interview on 04/19/23 at 03:55 PM with Operator/ Licensed Nurse (LN) A confirmed the record lacked a FCS every 365 days for R2. - R3's "Medical Record" revealed she admitted to the facility on 11/23/16 with diagnoses of edema, Dementia, depression and atrial fibrillation. The "Functional Capacity Screen" (FCS) dated 01/03/22 recorded the resident required supervision with eating, physical assistance required for bathing, dressing, toileting, transfers and walk/mobility, and was unable to manage medications and treatments. The FCS recorded R3 was incontinent, had impaired short-term and long-term memory, impaired memory/ recall and impaired decision making. R2 was usually understandable/ usually understood and was at risk for falls/ unsteadiness. R3's "Medical record" lacked completion of a	S5085		

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S5085	Continued From page 2 FCS since 01/03/22. The facility failed to provide a policy on functional capacity screening. The facility failed to ensure designated facility staff conducted a screening at least once every 365 days to determine each resident's functional capacity for R2 and R3.	S5085		
S5116 SS=E	26-42-202 (d) NSA 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 legal representative, 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: KAR 26-42-202 (d) (1) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 2 Residents (R)2 and R3, Operator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of	S5116		

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S5116	Continued From page 3 the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included: - R2's "Medical Record" revealed she admitted to the facility on 11/19/21 with diagnoses of osteoarthritis, hypertension, depression and Alzheimer's Disease. The "Functional Capacity Screen" (FCS) dated 11/19/21 recorded the resident required supervision with toileting, transfers, walk/mobility and eating, physical assistance required for bathing and dressing, and was unable to manage medications and treatments. The FCS recorded R2 was incontinent, had impaired short-term and long-term memory, impaired memory/ recall and impaired decision making. R2 was usually understandable/ usually understood, was at risk for falls/ unsteadiness and was a known wander risk. The resident's "Negotiated Service Agreement" (NSA) dated 11/19/21 recorded facility staff assisted as needed with dressing, toileting, walk/mobility, transfer and eating. Medication management was a supervised nursing service provided. Facility staff to monitor R2 and redirect as needed for wandering, socially inappropriate/ disruptive behavior and impaired decision making. Facility staff to monitor for falls/ unsteadiness. Record lacked a NSA completed since 11/19/21. Interview on 04/19/23 at 03:55 PM with Operator/ LN A confirmed R2's records lacked a NSA	S5116		

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S5116	Continued From page 4 completed at least once every 365 days. - Record review for R3 revealed she admitted to the facility on 11/23/16 with diagnoses of edema, Dementia, depression and atrial fibrillation. The "Functional Capacity Screen" (FCS) dated 01/03/22 recorded the resident required supervision with eating, physical assistance required for bathing, dressing, toileting, transfers and walk/mobility, and was unable to manage medications and treatments. The FCS recorded R3 was incontinent, had impaired short-term and long-term memory, impaired memory/ recall and impaired decision making. R2 was usually understandable/ usually understood and was at risk for falls/ unsteadiness. The resident's "Negotiated Service Agreement" (NSA) dated 01/03/22 recorded facility staff assisted with bathing, dressing, toileting and transfer, supervision provided for eating and facility staff managed medications. Record lacked a NSA completed since 01/03/22. The facility failed to provide a policy on negotiated service agreements. Operator/ LN A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days for R2 and R3.	S5116		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and	S5192		

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S5192	Continued From page 5 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 census equaled 6 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure facility staff served food at the proper temperature. Findings included: - During the initial tour on 04/19/23 at 01:53 PM, surveyor requested facility food temperature monitoring logs for April 2023 and the facility failed to provide any food temperature monitoring logs. Interview on 04/19/23 at 01:53 PM with Operator/ LN A confirmed no food temperatures logs	S5192		

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S5192	Continued From page 6 recorded. Observation on 04/20/23 at 12:24 PM revealed 6 of 6 residents eating lunch time meal in the facility. "Kansas Department of Agriculture Food Safety Guidelines" records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperature monitoring. For all residents of the facility, Operator/ LN A failed to ensure facility staff served food at the proper temperature.	S5192		
S5195 SS=E	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 census equaled 6 residents. The sample included 3 residents. Based on record review, interview and observation for all residents	S5195		

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S5195	Continued From page 7	S5195		

receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions.

Findings included:

- Observation during the initial tour on 04/19/23 at 01:47 PM revealed a refrigerator/freezer containing food/drinks in the kitchen.

Observation of the temperature monitoring logs for the refrigerators and freezers in the facility revealed the following dates were missing for April 2023: 04/01/23, 04/02/23, 04/03/23, 04/04/23, 04/05/23, 04/06/23, 04/07/23, 04/08/23, 04/09/23, 04/10/23, 04/12/23, 04/13/23, 04/14/23, 04/16/23, 04/17/23.

Interview on 04/19/23 at 01:52 PM with Operator/ LN A confirmed the April 2023 temperature monitoring logs were missing the above dates.

Observation of the pantry in the kitchen revealed the following food items, which were unsealed: one bag of sugar and one bag of tortilla chips.

Observation of the kitchen cabinet revealed the following food items, which were unsealed: three bags of tortilla chips and two bags of tortillas.

Observation on 04/20/23 at 12:24 PM revealed 6 of 6 residents eating lunch time meal in the facility.

Facility's "Food Handling and Storage" policy (no date) recorded, "1. Thermometers will be placed in hot and cold storage areas in accordance with

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S5195	Continued From page 8 accepted public health standards. Temperatures will be taken daily ... 6. Opened containers must be dated and sealed during storage." For all residents of the facility, Operator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
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; (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 census equaled 6 residents. The sample included 3 residents and review of 2 newly hired employee records. Based on record review and interview, Operator/Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness	S5215		

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S5215	Continued From page 9	S5215		

by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.

Findings included:

- Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents.

On 04/20/23, surveyor requested the facility's quarterly reviews of the emergency management plan with residents and staff and facility failed to provide documentation.

Facility failed to perform an annual emergency drill since last survey conducted with all residents and staff that included an evacuation of all residents to a secure location.

Interview on 04/20/23 at 09:42 AM with Operator/ LN A confirmed no quarterly reviews of the emergency management plan with residents and staff completed and further confirmed no annual emergency drill conducted with all residents and staff that included an evacuation of all residents to a secure location.

Operator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of

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S5215	Continued From page 10 the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	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 census totaled 6 residents. The sample included 3 residents and review of 2 newly hired employees. Based on record review and interview for 2 Residents (R)1 and R2 and 1 staff (Certified Nurse Aide (CNA) B), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included:	S5230		

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S5230	Continued From page 11 - R1's "Medical Record" revealed she admitted to the facility on 03/03/23 and the record lacked completion of TB testing and a TB questionnaire upon admission. - R2's "Medical Record" revealed she admitted to the facility on 11/19/21 and the record lacked completion of an annual TB questionnaire. - CNA B's "Employee Record" revealed a hire date of 02/01/23. CNA B's record lacked evidence of TB testing completed upon hire. Interview on 04/19/23 at 03:15 PM with Operator/Licensed Nurse (LN) A confirmed TB testing and a TB questionnaire was not completed upon admission for R1. Interview on 04/20/23 at 10:59 AM with Operator/ LN A confirmed unable to locate an annual TB questionnaire completed on R2. The facility failed to provide a policy on TB testing. The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
S5245 SS=E	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following:	S5245		

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S5245	Continued From page 12 (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-105 (b) The census equaled 6 residents. The sample included 3 residents. Based on interview and observation for all residents, Operator/ License Nurse (LN) A failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential. Findings included: - On 04/19/23, Operator/ Licensed Nurse (LN) A provided a "Resident Roster", which included 6 residents. Four residents had impaired cognitive abilities and were known wander risks. Observation during the initial tour on 04/19/23 at 01:57 PM revealed four unsecured resident records on counter in the kitchen of the facility. The records were easily accessed. Interview on 04/19/23 at 01:57 PM with Operator/ LN A confirmed the records were not in a secured area and were stored on the counter.	S5245		

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S5245	Continued From page 13 For all residents of the facility, Operator/ LN A failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential.	S5245		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a) (1) The census equaled 6 residents. The sample included 3 residents. Based on record review and interview for 1 Resident (R)1, the facility	S5265		

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S5265	Continued From page 14 failed to ensure a licensed nurse performed an assessment annually for residents who self-administered some/all of their medications. Findings included: - The "Resident Roster" obtained on 04/19/23 identified two residents who self-administered some/ all of their medications. Record review for R1 revealed she admitted to the facility on 03/03/23 with diagnoses of congestive heart failure, diabetes mellitus type II and arrythmia. R1's "Functional Capacity Screen" dated 03/03/23 recorded the resident required supervision with management of medications. The resident's "Negotiated Service Agreement" (NSA) dated 03/03/23 recorded facility staff assisted with prescribed medications and R1 managed over the counter as needed medications. Review of R1's record lacked evidence a licensed nurse performed a self-administration of medication assessment. Interview on 04/19/23 at 03:12 PM with Operator/ Licensed Nurse (LN) A confirmed R1 self-administered Tylenol (pain reliever/fever reducer) and Calcium Carbonate (antacid) and further confirmed a self-administration of medication assessment was not completed on R1. Interview and observation on 04/20/23 at 10:39	S5265		

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	B026002	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

(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
S5265	Continued From page 15 AM in R1's room revealed one bottle of Tylenol, one Calcium Carbonate tablet and one bag of cough drops. R1 confirmed she self-administered these medications. Facility's "Medication Self Administration" policy (no date) recorded, "Any resident may self-administer medications provided an evaluation to determine they are safe when administering medications is satisfactorily completed. The Licensed Nurse at the Homes Plus will complete a self-administration assessment on each resident who wishes to self-administer medications." The facility failed to ensure a licensed nurse performed an assessment annually for R1, who self-administered some of her medications.	S5265		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The census equaled 6 residents. The sample included 3 residents. Based on record review, observation and interview for 1 Resident (R)3, Operator/ Licensed Nurse (LN) A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order. Findings included: - Record review for R3 revealed she admitted to the facility on 11/23/16 with diagnoses of edema, Dementia, depression and atrial fibrillation. R3's "Functional Capacity Screen" (FCS) dated 01/03/22 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 01/03/22 recorded facility staff would provide management of medications. Current April 2023 MAR (medication administration record) recorded, "Docusate Sodium 100 milligrams, 1 tablet by mouth daily for constipation." Medication administered and signed off at 08:00 AM every day from 04/01/23 through 04/19/23 by certified staff. Facility failed to provide a signed physician order	S5300		

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S5300	Continued From page 17 for Docusate Sodium. Electronic Interview on 04/21/23 with Operator/ LN A confirmed unable to locate signed physician order for R3's Docusate Sodium. Operator/ LN A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order.	S5300		
S5325 SS=E	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 6 residents. The sample included 3 residents. Based on record review and interview, the facility failed to ensure a licensed pharmacist or licensed nurse conducted a quarterly medication regimen review for 2 Residents, (R)2 and R3, when the facility managed their medications. Findings included:	S5325		

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S5325	Continued From page 18 - R2's "Medical Record" revealed she admitted to the facility on 11/19/21 with diagnoses of osteoarthritis, hypertension, depression and Alzheimer's Disease. The "Functional Capacity Screen" (FCS) dated 11/19/21 recorded the resident was unable to manage medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 11/19/21 recorded medication management was a supervised nursing service provided. Review of R2s "Medication Regimen Reviews" lacked evidence any were completed for the resident for the first quarter of 2023. - Record review for R3 revealed she admitted to the facility on 11/23/16 with diagnoses of edema, Dementia, depression and atrial fibrillation. R3's "Functional Capacity Screen" (FCS) dated 01/03/22 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 01/03/22 recorded facility staff would provide management of medications. Review of R3's "Medication Regimen Reviews" lacked evidence any were completed for the first, second or third quarter of 2022 and the first quarter of 2023. Interview on 04/20/23 at 12:34 PM with Operator /Licensed Nurse (LN) A confirmed no medication	S5325		

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S5325	Continued From page 19 regimen reviews located for R3 for the first, second or third quarter of 2022 and the first quarter of 2023. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for R2 and R3, who had their medication managed by the facility.	S5325		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 26-39-437 (a) The census equaled 6 residents. The sampled included 3 residents. Based on observation and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard. Findings included: - On 04/19/23, Operator/ Licensed Nurse (LN) A provided a "Resident Roster", which included 6 residents. Four residents had impaired cognitive abilities and were known wander risks.	S5335		

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S5335	Continued From page 20 During the initial tour on 04/19/23 at 01:43 PM with Operator/ LN A revealed an unlocked cabinet in the public bathroom in the hallway of the facility. The bathroom was used by residents. The cabinet contained the following chemicals: One bottle of Liquid Alive Cleaner and one bottle of toilet bowl cleaner. The listed containers included a warning label on each of them. Interview on 04/19/23 at 01:44 PM with Operator/ LN A confirmed the above listed items were not to be in the unsecured cabinet in the bathroom. Observation on 04/19/23 at 02:09 PM revealed an unlocked cabinet under the kitchen sink. The cabinet contained the following chemicals: One bottle of Urine Spot and Odor Remover, one bottle of Windex Glass and Window Cleaner, one bottle of Carpet Cleaner and one bottle of Raid Multi-Insect Defense System Spray. The listed containers included a warning label on each of them. Interview on 04/19/23 at 02:09 PM with Operator/ LN A stated the lock on the kitchen cabinet under the sink was broken. The facility failed to provide a policy on chemical storage. The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S5335		