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| | B029002 | A. BUILDING: _____ B. WING _____ | 05/10/2023 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of an initial survey for the above named Home Plus facility conducted on 05/10/23. | S 000 | | |
| S5116 SS=D | 26-42-202 (d) NSA revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:<br>(1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(d)(4)<br><br>The facility reported a census of four residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)103 was revised when new services were provided for wound care and physical therapy.<br><br>Findings included: | S5116 | | |

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

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| S5116 | Continued From page 1<br><br>- R103's medical record revealed the resident moved into the facility on 11/28/22 with a diagnoses of hip fracture.<br><br>The 11/28/22 "Functional Capacity Screen" (FCS) documented R103 required physical assistance with transfers and mobility and total assist with treatments.<br><br>Review of R103's records revealed the most current NSA was dated 11/28/22.<br><br>Medical records documented a physician order dated 03/31/23 for: 1) Home Health consult for wound care and 2) Physical therapy consult for strengthening.<br><br>On 05/10/23 at 04:05 PM Administrative Nurse A stated she could not find a signed addendum in the medical record that addressed the services for wound care and physical therapy provided by the home health provider.<br><br>The operator failed to ensure R103's NSA was revised when new services were provided for wound care and physical therapy. | S5116 | | |
| S5215 SS=F | 26-42-104 (d) Disaster and Emergency Preparedness Education<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;<br>(2) education of each resident upon | S5215 | | |

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| S5215 | Continued From page 2<br>admission to the home regarding emergency procedures;<br>(3) quarterly review of the home ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104(d)(3)<br><br>The facility reported a census of four residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.<br><br>Findings included:<br><br>- On 05/10/23 documentation of quarterly reviews of the emergency management plan was requested from Administrative Nurse A. The facility lacked documentation of quarterly reviews completed for 2022 and 2023.<br><br>On 05/10/23 at approximately 10:30 AM Administrative Nurse A stated the emergency management plan was addressed with residents upon admission and reviewed with staff and residents during monthly in-services but did not provide documentation the emergency | S5215 | | |

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| S5215 | Continued From page 3<br>management plan was reviewed on a quarterly basis with staff and residents.<br><br>The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff. | S5215 | | |
| S5240 SS=F | 26-42-105 (a) Resident Records<br><br>(a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices.<br>(1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident.<br>(2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-105(a)<br><br>The facility reported a census of four residents. The sample included three residents. Based on record review and interview for three sampled residents (R)101, R102, and R103 the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices.<br><br>Findings included: | S5240 | | |

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| S5240 | Continued From page 4 | S5240 | | |

- Review of R101's medical record revealed he was admitted to the facility on 11/30/22 with a diagnosis of vascular dementia.

Review of R101's medical records revealed they lacked nursing notes. There was no documentation of an admission note, no assessments completed, no vital signs and no updated documentation of R101's condition.

On 05/10/23 at 12:06 PM Administrative Nurse A stated she has not had the opportunity to add documentation in the nursing notes due to having to work on the floor to because of staffing issues. Administrative Nurse A stated she expected an admission note and at least a monthly note to be completed on each resident.

The operator failed to ensure documentation in R101's medical records were completed in accordance with professional standards and practices.

- Review of R102's medical record revealed she was admitted to the facility on 10/31/22 with a diagnosis of dementia.

Review of R102's medical records revealed they lacked nursing notes. There was no documentation of an admission note, no assessments completed, no vital signs and no updated documentation of R102's condition.

On 05/10/23 at 12:06 PM Administrative Nurse A stated she has not had the opportunity to add documentation in the nursing notes due to

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| S5240 | Continued From page 5 | S5240 | | |

having to work on the floor to because of staffing issues. Administrative Nurse A stated she expected an admission note and at least a monthly note to be completed on each resident.

The operator failed to ensure documentation in R102's medical records were completed in accordance with professional standards and practices.

- Review of R103's medical record revealed she was admitted to the facility on 11/28/22 with a diagnosis of hip fracture.

Review of R103's medical records revealed they lacked nursing notes. There was no documentation of an admission note, no assessments completed, no vital signs and no updated documentation of R103's condition or of services received by an outside provider for physical therapy and wound care services. There was no assessment of a pressure wound present upon admission, and no documentation of ongoing wound treatments, no measurements of the wound and of the condition of the wound.

On 05/10/23 at 12:06 PM Administrative Nurse A stated she has not had the opportunity to add documentation in the nursing notes due to having to work on the floor to because of staffing issues. Administrative Nurse A stated she expected an admission note and at least a monthly note to be completed on each resident.

The operator failed to ensure documentation in R103's medical records were completed in accordance with professional standards and practices.

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| S5258 SS=F | 26-42-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following information:<br>(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;<br>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(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 carehome; and<br>(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 work as a certified nurse aide.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-102(d)(1)(2)<br><br>The facility reported a census of four residents. Based on interview and record review, the operator failed to ensure four of five newly hired employee records included evidence the nurse aide registry and a criminal background check was completed prior to staff employment. | S5258 | | |

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| S5258 | Continued From page 7<br>Findings included:<br><br>- Review of employee files conducted on 05/10/23 revealed the following:<br>Certified Nurse Aide (CNA) B hired on 02/09/23. Documentation provided revealed the Kansas Nurse Aide Registry Check confirmation was dated 04/27/23. The criminal background check by the Kansas Bureau of Investigations (KBI) was dated 04/18/23.<br><br>CNA C hired on 04/12/23. Documentation provided revealed the Kansas Nurse Aide Registry Check confirmation was dated 04/12/23. The criminal background check by the KBI was dated 04/16/23.<br><br>Certified Medication Aide (CMA) D hired on 01/10/23. Documentation provided revealed the Kansas Nurse Aide Registry Check confirmation was dated 01/10/23.<br><br>CMA E hired on 02/15/23. Documentation provided revealed the Kansas Nurse Aide Registry Check confirmation was dated 02/16/23.<br><br>On 05/10/23 at 04:23 PM Administrative Nurse A stated she expected the Nurse Aide Registry Check and the KBI background check to be completed prior or on the first day of employment.<br><br>The operator failed to ensure registry and criminal background checks of newly hired staff were completed prior to staff employment. | S5258 | | |

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| S5313 | Continued From page 8 | S5313 | | |
| S5313 SS=F | 26-42-205 (g) (3) Over the counter medication<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(g)(3)<br><br>The facility reported a census of four 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 (OTC).<br><br>Findings included:<br><br>- Observation on 05/10/23 at 09:32 AM of the medication cart revealed the following:<br>The top drawer contained the following medications identified as "stock" medications:<br>Two bottles of Equate Ibuprofen 200 milligrams<br>One bottle of Equate Extra Strength Pain Reliever | S5313 | | |

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| S5313 | Continued From page 9<br>One box of Kroger Anti-Diarrheal<br><br>Other drawers to the medication cart contained the following medications that were not labelled with the full name of residents:<br>Resident (R)103:<br>One bottle of Spring Valley Melatonin 5 milligrams<br><br>R104:<br>Two bottles of Systane Lubricant Eye drops<br><br>On 05/10/23 at 03:39 PM Administrative Nurse A stated she expected OTC medications to be labelled with the full name of the resident and stated the facility used a limited number of "stock" medications listed on standing orders.<br><br>The operator failed to ensure all over-the-counter medications were labeled with the resident's full name. | S5313 | | |
| S5335 SS=F | 28-39-437 Construction<br><br>(a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.<br><br>(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.<br>This REQUIREMENT is not met as evidenced by:<br>KAR 28-39-437 (a) | S5335 | | |

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| S5335 | Continued From page 10<br><br>The facility reported a census of four residents. Based on observation, and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents.<br><br>Findings included:<br><br>- Observations during initial tour on 05/10/23 revealed the following:<br>At 09:00 AM inspection of the unlocked "Tornado Safe Shelter" revealed numerous chemicals with a "Keep Out of Reach of Children" warning label to include:<br>One 15-ounce (oz.) spray can of Brody disinfectant spray<br>One 12 oz. spray can of WD-40<br>Three 12 oz. spray cans of General Electric Insulating Foam<br>Eight tubes of caulk<br>Two 1-gallon cans of paint<br><br>A nearby unlocked closet contained a 1-gallon container of Great Value Multi-Purpose Disinfectant Cleaner and two 22 oz. spray cans of Great Value Pro-Strength Carpet Cleaner.<br><br>At 09:13 AM the unlocked laundry room had the following chemicals located on a countertop accessible to residents:<br>Three 165.5 oz. containers of Arm & Hammer Plus OXI CLEAN laundry detergent<br>One 120-sheet box of Snuggle dryer sheets<br>One spray bottle of Clean Shower Daily Shower Cleaner<br>A 2-pack of 24 oz. Great Value Toilet Bowl Cleaner. | S5335 | | |

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| S5335 | Continued From page 11<br><br>A cleaning caddy located on the countertop had the following unlocked chemicals:<br>One 12.5 oz. spray can of Endust Multi-Surface Dusting Spray<br>One 24 oz. container of Great Value Toilet Bowl Cleaner<br>One 1-quart spray bottle of Great Value Glass Cleaner<br>One 1-quart spray bottle of Clean Shower Daily Shower Cleaner<br>One 8.8 oz. spray can of Febreze Air Heavy Duty<br>One 75 wipe container of Great Value Disinfecting Wipes<br><br>At 09:21 AM an observation of the restroom/hair salon had a 27 oz. spray bottle of Febreze Unstopables Touch fabric spray.<br><br>The operator failed to ensure staff kept chemicals locked for resident safety. | S5335 | | |