STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B067003	A. BUILDING: _____ B. WING _____	05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO MEMORY CARE OF CHANUTE	705 OSA MARTIN BLVD CHANUTE, KS 66720

(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 represent the findings of a resurvey for the above named home plus facility conducted on 05/10/23 and 05/11/23.	S 000		
S5105 SS=E	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)(1)(2) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 510's "Negotiated Service Agreement" (NSA) described the services provided for management of treatments, cognition, communication, and falls based on her "Functional Capacity Screen" (FCS) and	S5105		

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

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S5105	Continued From page 1	S5105		

identified the outside provider for hospice services; and R511's "NSA" described the services provided for management of treatments based on her "FCS.".

Findings included:

- Record review for R510 revealed an admission date of 04/12/21 with a diagnosis of Alzheimer's Disease.

The 08/31/22 "FCS" identified R510 required physical assistance with bathing and management of treatments; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was rarely or never understandable and sometimes understood other during communication; and was marked for falls.

The 03/29/23 combined "NSA/Healthcare Service Plan" (HCP) identified a hospice aide would assist with bathing. The "NSA" failed to describe the services provided R510 for management of treatments, cognition, communication, and falls. The "NSA" failed to identify the outside provider for hospice services.

- Record review for R511 revealed an admission date of 03/12/23 with a diagnosis of Alzheimer's Disease.

The 03/12/23 "FCS" identified R511 required physical assistance with management of treatments.

The 03/12/23 combined "NSA/HCP" failed to identify the services provided for management of

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S5105	Continued From page 2 treatments. On 05/10/23 at 03:46 PM Administrative Staff A stated the "NSA" and "HCP" were combined in one document. On 05/10/23 at 04:20 PM Licensed Nurse B confirmed R510's "NSA" did not describe the services provided for for management of treatments, cognition, communication, and falls; and did not identify the outside provider for hospice services. On 05/11/23 at 09:51 AM Administrative Staff A confirmed R511's "NSA" did not describe the services provided for management of treatments. The operator failed to ensure R510's "NSA" described the services provided for management of treatments, cognition, communication, and falls based on her "FCS" and identified the outside provider for hospice services; and R511's "NSA" described the services provided for management of treatments based on her "FCS.".	S5105		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d)	S5161		

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S5161	Continued From page 3	S5161		

The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 510 and R511's "Negotiated Service Agreements" (NSA) named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HCP).

Findings included:

- Record review for R510 revealed an admission date of 04/12/21 with a diagnosis of Alzheimer's Disease.

The 08/31/22 "Functional Capacity Screen" (FCS) identified R510 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was rarely or never understandable and sometimes understood other during communication; and was marked for falls and impaired vision.

The 03/29/23 combined "NSA/HCP" identified a hospice aide would provide R510 assistance and facility staff would provide assistance as needed with bathing, facility staff would provide assistance with dressing, toileting, transfers, walking/mobility with a wheelchair, eating, and management of medications; assistance to change adult brief every two hours for incontinence; and assistance to put on and remove glasses for impaired vision. The "NSA" failed to describe the services provided for

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S5161	Continued From page 4 management of treatments, cognition, communication, and falls. R510's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP." - Record review for R511 revealed an admission date of 03/12/23 with a diagnosis of Alzheimer's Disease. The 03/12/23 "FCS" identified R511 required physical assistance with bathing, dressing, management of medications and treatments; she was occasionally incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was sometimes understandable and sometimes understood other during communication; and was marked for falls, wandering, and inappropriate behavior. The 03/12/23 combined "NSA/HCP" identified facility staff would provide assistance with bathing and dressing; management of medications; she wore adult briefs for incontinence; facility provided a clutter free environment, ensured assistive devices were available and in good repair, bed was kept in low position, and personal items were within reach to prevent falls; and monitored for wandering and inappropriate behavior. The "NSA" failed to identify the services provided for management of treatments. R511's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."	S5161		

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S5161	Continued From page 5 On 05/11/23 at approximately 09:51 AM Administrative Staff A confirmed the nurse responsible was not named on R510 and R511's "NSAs." The operator failed to ensure R510 and R511's "NSAs" named the licensed nurse responsible for implementing and supervising his "HCPs."	S5161		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of five residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 510. Findings included: - Record review for R510 revealed an admission date of 04/12/21 with a diagnosis of Alzheimer's Disease. The 08/31/22 "Functional Capacity Screen"	S5171		

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S5171	Continued From page 6 (FCS) identified R510 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was rarely or never understandable and sometimes understood other during communication; and was marked for falls and impaired vision. The 03/29/23 combined "NSA/HCP" identified a hospice aide would provide R510 assistance and facility staff would provide assistance as needed with bathing, facility staff would provide assistance with dressing, toileting, transfers, walking/mobility with a wheelchair, eating, and management of medications; assistance to change adult brief every two hours for incontinence; and assistance to put on and remove glasses for impaired vision. The "NSA" failed to describe the services provided for management of treatments, cognition, communication, and falls. R510's record lacked evidence of documentation of a bed assist device assessment. Observation on 05/11/23 at 09:42 revealed bed assist devices were attached to both sides of R510's bed. On 05/11/23 at 09:51 AM Administrative Staff A confirmed there was no bed assist device assessment in R510's record. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use	S5171		

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S5171	Continued From page 7 a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R510.	S5171		
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 reported a census of five residents. The food was prepared in the main kitchen in a separate building and brought to the facility before serving to the residents. Based on record review and interview the operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		

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S5192	Continued From page 8 Findings included: On 05/10/23 at approximately 01:06 PM a food temperature log was requested from the facility which they failed to provide. On 05/10/23 at approximately 01:06 PM Certified Medication Aide (CMA) C stated she could not find the food temperature log and she did not obtain food temperatures before serving the noon meal to the residents that day. The operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		
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 28-39-437(a) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure the building was maintained to	S5335		

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S5335	Continued From page 9 protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 05/10/23 at 01:03 PM of the kitchen revealed a cabinet under the sink was unlocked with the following chemicals inside with labels that read "Keep out of reach of children:" One 2.55 quart bottle of bleach One 1 quart spray bottle of Zep carpet cleaner On 05/10/23 at 01:08 PM Administrative Staff A confirmed chemicals were not in a locked area. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		