STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023020	A. BUILDING: _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CAREHOMES AT DUNN'S VISTA	424 WASHINGTON ST BALDWIN, KS 66006

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 06/12/23 and 06/13/23.	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: K.A.R.26-42-202(a)(1) The facility reported a census of 11 residents with three residents included in the sample. 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, R102, and R103.	S5105		

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

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S5105	Continued From page 1 Findings included: - R101's medical record revealed the resident moved into the facility on 09/14/21 with a diagnosis of Parkinson's Disease. The 06/22/22 FCS identified R101 triggered for cognition, communication, falls, impaired decision-making and wandering. The 06/22/22 NSA did not address R101's had difficulty with short-term and long-term memory, memory recall and decision-making, communication, falls, and wandered. On 06/13/23 at 11:37 AM Administrative Nurse A stated R101's NSA did not address all that triggered on her FCS. 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 05/31/23 with a diagnosis of dementia. The 05/17/23 FCS identified R102 had difficulty with short-term and long-term memory, memory recall and decision-making, falls and had impaired vision. The 05/26/22 NSA did not address R102's impaired cognition, impaired vision, and falls. On 06/13/23 at 11:46 AM Administrative Nurse A stated R102's NSA did not address all items that	S5105		

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S5105	Continued From page 2 triggered on her FCS. 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 04/05/21 with a diagnosis of hypothyroidism. The 05/25/23 FCS identified R103 triggered for falls, impaired vision and impaired hearing. The 05/25/23 NSA did not address R103's triggers for falls, impaired vision and impaired hearing. On 06/13/23 at 11:33 AM Administrative Nurse A stated the NSA did not address all items that triggered on the R103's FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5116 SS=D	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	S5116		

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S5116	Continued From page 3 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: K.A.R. 26-42-202(d)(1) The facility reported a census of nine residents. The sample included three residents and two abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 was reviewed and revised as needed following a significant change in condition or as requested by staff. Findings included: - R101's medical record revealed the resident moved into the facility on 09/14/21 with a diagnosis of Parkinson's Disease. The most current NSA available in R101's medical records was dated 06/22/22 with no subsequent documentation that identified the use of a fall mat, Hoyer lift or bedrails. An observation on 06/13/23 at 10:51 AM revealed R101 had bedrails attached to her bed, there was a fall mat on the floor next to the bed, and a Hoyer lift was stored in the restroom. On 06/13/23 at 11:02 AM Certified Medication Aide (CMA) C stated R101 used a Hoyer lift for	S5116		

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S5116	Continued From page 4 transfers, used bed rails, and had a fall mat in place next to her bed. On 06/13/23 at 11:37 AM Administrative Nurse A stated R101's NSA needed to be revised to include the use of bed rails, fall mat and Hoyer lift. The operator failed to ensure designated staff completed a NSA for R101 as needed following a significant change in condition or as requested by staff.	S5116		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for one of three sampled residents	S5155		

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S5155	Continued From page 5 evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for resident (R)101. Findings included: - R101's medical record revealed the resident moved into the facility on 09/14/21 with a diagnosis of Parkinson's Disease. On 06/13/23 at 10:51 AM revealed R101's bed had bedrails attached to both sides of her bed. Review of R101's medical records failed to locate an assessment for use and safety, for the use of a bed rail. On 06/13/23 at 11:15 AM Licensed Nurse B stated R101 used bed rails. On 06/13/23 at 11:37 AM Administrative Nurse A stated a bed rail assessment was not completed for R101's use of bedrails. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R101 regarding the use of a bed assistive device.	S5155		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S5215		

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S5215	Continued From page 6 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 facility reported a census of 11 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 residents. Findings included: - On 06/12/23 documentation of quarterly reviews of the emergency management plan was requested from Administrative Nurse A. The operator lacked documentation of quarterly reviews completed for the fourth quarter 2022 and the first quarter 2023.	S5215		

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S5215	Continued From page 7 On 06/12/23 at 03:00 PM Administrative Nurse A stated she was not able to find documentation of a quarterly reviews of the emergency management plan for the fourth quarter of 2022 and first quarter of 2023. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with residents.	S5215		