

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/26/2023
NAME OF PROVIDER OR SUPPLIER TRUSTWELL LIVING OF MISION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(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 represents the findings of a resurvey with attached complaint #170560 and #166424 at the above named assisted living facility conducted on 07/25/23 and 07/26/23.	S 000		
S3171 SS=D	26-41-204 (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 26-41-204(i) The facility reported a census of 28 residents with three included in the sample and one closed record review. 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) 3. Findings included: - Record review for R3 revealed an admission date of 12/07/20 with diagnoses of paraplegia and aneurysm. The 01/19/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with bathing and dressing and was unable to perform transfers.	S3171		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3171	Continued From page 1 The 01/19/23 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) identified facility staff would provide R3 assistance of two staff with transferring in and out of the shower for bathing, assistance with dressing, and assistance of two staff using a mechanical lift for transfers. R3's record lacked evidence of documentation of a bed assist device assessment. Observation on 07/26/23 at 02:17 PM revealed bed rails on both sides of R3's bed. On 07/25/23 at 01:12 PM Administrative Staff A stated the "NSA" and "HSP" were combined in one document. On 07/26/23 at approximately 02:48 PM Administrative Staff B confirmed R3's record lacked evidence of documentation of a bed assist device assessment. 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 R3.	S3171		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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	S3211		

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S3211	Continued From page 2 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 by: KAR 26-41-205 (g)(3) The facility reported a census of 28 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of four over-the-counter (OTC) medications. Findings included: - Observation on 07/25/23 at 01:47 PM revealed Certified Medication Aide (CMA) D unlocked and opened the medication cart labeled S1. The following OTC medications were not labeled with residents' full names: One bottle of magnesium 400 milligrams (mg), 250 tablets One bottle of Allegra 100 mg, 60 tablets One bottle of vitamin D3 1000 international units (iu), 650 softgels One bottle of Elderberry supplement 3200 mg, 120 gummies	S3211		

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S3211	Continued From page 3 On 07/25/23 at approximately 01:47 PM Administrative Nurse B confirmed the OTC medications were not labeled with resident's full names. The facility's undated "Trustwell Living - Medication Policy, Over the Counter Medications" policy documented "The licensed nurse must write the residents first and last name on the OTC container." The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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.	S3298		

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S3298	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 28 residents. The facility had a main kitchen where food was stored and prepared. 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. Findings included: Review of the food temperature logs provided by the facility revealed food temperatures were obtained three days on 07/24/23, 07/25/23, and for breakfast on 07/26/23. The food temperature logs lacked evidence of documentation from 07/01/23 until 07/23/23 which was 23 days potentially hazardous foods were served. On 07/26/23 at 01:45 PM Administrative Staff A confirmed the food temperature logs lacked evidence of documentation of food temperatures for 23 days in July. The facility's "Dietary Services Operations Manual" documented "Food must be served at appropriate temperatures. . . Hot foods should be served at . . . temperatures to ensure they arrive at the table hot. . . Chilled foods should be served at 40 degrees F." The operator failed to provide evidence of	S3298		

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S3298	Continued From page 5 documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 28 residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview the operator failed to ensure foods were stored under safe conditions. Findings included: - Observation on 07/25/23 at approximately 01:22 PM revealed a refrigerator and freezer in the kitchen that contained food items for the residents that were not labeled or dated including the following: In the refrigerator: One pound (lb) of butter with minimal wrapping leaving the butter open to air One metal container with what appeared to be salad with plastic wrap coming off	S3299		

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S3299	Continued From page 6 One plastic container with something orange and shredded One plastic wrapped square block of something white that appeared to be cheese One plastic wrapped rectangular shaped of something that appeared to be broccoli One bottle of Caramel Macchiato creamer that had been opened In the freezer: One whole pie with one slice missing One stack of what appeared to be six meat patties One metal container covered with foil with unknown substance inside On 07/25/23 at dietary staff C confirmed the refrigerator and freezer contained food items for the residents that were not labeled or dated and two of the items were not completely covered. Observation on 07/25/23 at approximately 01:39 PM revealed a pantry that contained food items for the residents. An unopened one-gallon size can of food was on the floor holding the door open. The following chemicals were on the shelves with food items: Two spray bottles of unidentifiable clear liquid that were unlabeled Two bottles of body lotion On 07/25/23 at approximately 01:39 PM Administrative Staff A confirmed the pantry had a food item on the floor and chemicals were stored in the same area as food. The facility's "Kitchen Cleaning / Sanitation Log"	S3299		

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S3299	Continued From page 7 for each week had columns where completed tasks could be checked off daily. The "Food Safety / Sanitation Checks" section of the log listed the following tasks: Refrigerator Temperature, Freezer Temperature, Items Covered, Items Labeled, and Items Dated; and Storage Area / Pantry Items off the floor. The facility's "Dietary Services Operations Manual" documented "Wrap, cover or seal all refrigerated foods and label with the preparation date." The operator failed to ensure foods were stored under safe conditions.	S3299		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and	S3320		

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S3320	Continued From page 8 (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 28 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 07/25/23 at 01:28 PM of the dining area revealed an unlocked cabinet that contained one spray bottle of peroxide multi-surface cleaner and disinfectant with a label that read "Keep out of reach of children" and one spray bottle of unidentifiable clear liquid that was not labeled. On 07/25/23 at approximately 01:28 PM Administrative Staff A confirmed chemicals were not stored in locked areas. The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within a locked areas.	S3320		