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	N087049	A. BUILDING: _____ B. WING _____	08/23/2023

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 163931, 166640, 167862, 170490, 171473, 171521, 172312, 174433, 175944, 177122, 179975, 180047, 180574, 181776 for the above-named Assisted Living facility conducted on 08/21/23, 08/22/23, and 08/23/23.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 43 residents(R). The sample included three residents. Based on observation, record review and interview the executive director failed to ensure designated facility staff completed two (R4 and R5) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind. R4's Admission "Functional Capacity Screen"	S3082		

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

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(FCS) dated 3/22/23 failed to identify he had impaired vision. His next FCS dated 06/15/23 failed to identify he was at risk for falls.

Review of the resident's electronic medical record included a diagnosis of being legally blind.

Review of the resident's progress notes revealed on 04/08/23 the resident had a fall in the restroom.

On 08/22/23 at 04:39 PM Licensed Nurse B reviewed R4's record and stated she did not know he had impaired vision. She acknowledged the admission FCS should have been coded to identify R4 had impaired vision and the FCS dated 06/15/23 should have identified his risk for falls.

Review of the "Resident Functional Capacity Screen Manual" updated 07/11/08 revealed staff should code a resident with current or recent problem and risk for falls if they had falling in the last 180 days and/or exhibit unsteadiness when attempting to rise from a chair or when walking.

The executive director failed to ensure designated staff completed R4's FCS accurately to identify his impaired vision and his risk for falls.

- Review of R5's medical record revealed he moved into the facility on 03/01/23 with diagnosis of chronic progressive multiple sclerosis.

Review of R5's "Functional Capacity Screen" (FCS) dated 06/13/23 revealed the resident was

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S3082	Continued From page 2 unable to perform walking/mobility but identified he used a wheelchair as a mobility device. Observation on 08/22/23 at 08:18 AM R5 sat in his electric wheelchair and propelled self around in his room. He stated that he transferred himself in and out of the bed or wheelchair independently using a slide board. On 08/22/23 at 12:00 AM the resident had propelled self down to the dining room and staff gave him meal in a to-go box and the resident then went to his room to eat his meal. On 08/22/23 at 11:14 AM Certified Medication Aide G reported the resident was independently mobile using his electric wheelchair. On 08/22/23 at 08:51 AM Licensed Nurse B reported she marked R5's FCS for mobility a "3" (unable to perform) because he could not walk. Review of the "Resident Functional Capacity Screen Manual" updated 07/11/08 revealed the definition for walking, mobility meant the ability to move between locations in the environment. If the resident used a wheelchair, code for self-sufficiency of the resident once in the wheelchair. It also directed to code this item a "3' for residents who are bedfast and do not use a wheelchair or other mobility device. The executive director failed to ensure designated staff completed R5's FCS accurately related to his ability to be mobile in his environment.	S3082		

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S3085	Continued From page 3	S3085		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202 (a)(1)(2)(3) The facility reported a census of 34 residents (R). The sample included three residents. Based on record review and interview, the operator failed to ensure designated staff completed the Negotiated Service Agreement/Health Care Service Plan for three (R3, R4, R5) of three sampled residents based on the resident's "Functional Capacity Screen" service needs which include a description of the service, who provided the service and who was responsible for payment if the service was provided by an	S3085		

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S3085	Continued From page 4 outside resource. Findings included: - Review of R3's medical record revealed she moved into the facility on 11/13/15 with diagnoses of hemiplegia affecting non dominant side and myotonic muscular dystrophy. R3's "Functional Capacity Screen" (FCS) dated 05/24/23 identified the resident required physical assistance with bathing dressing, eating and management of medications and treatments. She also had bladder incontinence and impaired vision. On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP). R3's most current, signed NSA/HCSP dated 05/24/23 failed to include she received podiatry services from an outside resource and who was responsible for payment of that service. It also failed to address her visual impairment as identified on the FCS. R3's electronic record included another NSA/HCSP dated 08/09/23 but had not been signed by the resident yet. On 08/22/23 at 01:46 PM Licensed Nurse B reported she went over the NSA/HCSP with the resident, and she wanted her showers three times a week so we needed to change that to what she wanted.	S3085		

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S3085	Continued From page 5 Review of the NSA/HCSP dated 08/09/23 also failed to include the service for podiatry, did not address vision impairment, and did not include services for speech therapy. Review of R3's progress notes revealed the following: 07/29/23 the resident received an order for speech therapy and was seen by local speech therapist. 08/03/23 Speech therapist working with speech swallowing and voice center for additional testing. Observation on 08/22/23 during the noon meal speech therapist sat with R3 to assess swallowing during the meal. On 08/22/23 at 1:49 PM Licensed Nurse B acknowledged the NSA/HCSP dated 5/24/23 should have included podiatry services and the new NSA/HCSP should have included both podiatry services and speech therapy services as well as addressing her visual impairment. The executive director failed to ensure designated staff completed R3's NSA/HCSP to include a description of services provided based on the resident's FCS, who provided the service and who was responsible for payment of the service if the service was provided by an outside resource. - Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind. R4's Functional Capacity Screen dated 06/15/23	S3085		

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revealed the resident required physical assistance with all activities of daily living except for mobility and eating. He was unable to manage medications and medical treatments and had impaired hearing and vision.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R4's NSA/HCSP dated 06/15/23 failed to identify services related to the resident being legally blind and having impaired hearing.

On 08/22/23 at 04:40 PM LN B acknowledged the NSA/HCSP failed to include services related to the residents impaired vision or his impaired hearing related to ringing in his ears.

The executive director failed to ensure designated staff completed R4's NSA/HCSP with a description of services related to R4's impaired vision and impaired hearing.

- Review of R5's medical record revealed he moved into the facility on 03/01/23 with diagnosis of chronic progressive multiple sclerosis.

Review of R5's "Functional Capacity Screen" dated 06/13/23 revealed the resident required physical assistance with bathing, transfers, and management of medical treatments.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

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S3085	Continued From page 7 R5's NSA/HCSP dated 06/13/23 revealed the LN to provide wound care. However, it failed to identify the Home Health agency that provided wound care and who was responsible for payment of wound care. On 08/22/23 at 08:52 AM LN B reported the Home Health Agency should be a part of the third party services and included in the NSA/HCSP along with payment source for the outside service. The executive director failed to ensure R5's NSA/HCSP included who provided and who was responsible for payment for R5's wound care.	S3085		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 26-41-204(a) The facility reported a census of 43 residents (R). The sample included three residents. Based	S3155		

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on observation, interview, and record review the executive director failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of two (R4 and R5) of three sampled residents related to wound care and measures to reduce risk for falls.

Findings included:

- Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind.

R4's Functional Capacity Screen dated 06/15/23 revealed the resident required physical assistance with all activities of daily living except for mobility and eating. He was unable to manage medications and medical treatments and had impaired hearing and vision.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R4's NSA/HCSP dated 06/15/23 lacked interventions related to R4's risk for falls or interventions to promote healing of a recurring sore area on the resident's coccyx.

Review of R4's progress notes revealed he had a fall on 04/08/23 in the rest room. The resident stated he was transferring to the toilet and the arm of the toilet gave way and he fell. It identified an intervention to check the toilet chair to ensure it is secure prior to transfers. The progress notes also included that on 07/19/23

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the residents sore on his coccyx is getting better.

On 08/22/23 at 04:51 PM LN B acknowledged the resident had a sore on his bottom when he moved into the facility. She reviewed the NSA/HCSP and acknowledged it lacked health care services/interventions for wound healing/management and interventions related to the resident's fall risk.

The executive director failed to ensure the licensed nurse developed/coordinated health care services related falls and recurring coccyx sore for R4.

- Review of R5's medical record revealed he moved into the facility on 03/01/23 with diagnosis of chronic progressive multiple sclerosis.

Review of R5's "Functional Capacity Screen" dated 06/13/23 revealed the resident required physical assistance with bathing, transfers, and management of medical treatments.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R5's NSA/HCSP dated 06/13/23 revealed the LN provided wound care. It lacked any interventions to hhelp promote the healing of his wounds.

The resident progress notes include wound clinic notes which directed that the resident wear Prevlon boot during the day and night to reduce pressure to the resident ankle.

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S3155	Continued From page 10 Observation on 08/23/23 at 11:40 AM with R5's Home Health nurse revealed the following: The nurse took a foam block that had the center cut out and put the resident's lower leg in it which fully offloaded his ankle and heel. She stated it worked better that the Prevlon padded boot because he still had pressure on his outer ankle when laying on the side. The wound on right ankle had purplish discoloration to surrounding tissue and wound bed was pink with center of wound at deepest part had a small amount of grayish eschar. The wound measured 1.6 centimeters (cm) by 1.3 cm by 0.5cm deep. The wound on his right heel area measured 1.3cm by 1 cm. with depth less than 0.2 cm. The surrounding tissue was dry and scaley in some areas and the wound bed had a scared appearance in the center with a half moon that was pink. On 08/22/23 at 8:52 AM LN B acknowledged the NSA did not include interventions used to help reduce pressure on the resident's feet and sacrum and to promote healing. The executive director failed to ensure the LN coordinated the provision of health care services related to wound care management and promotion of healing for R5.	S3155		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (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	S3175		

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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 26-41-205(a)(1)

The facility reported a census of 43 residents. The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for self-administration for R3 at least annually and for R4 that showed he was capable of self-administration of specific medications prior to self-administration.

Findings included:

-- Review of R3's medical record revealed she moved into the facility on 11/13/15 with diagnoses of hemiplegia affecting non dominant side and myotonic muscular dystrophy.

R3's "Functional Capacity Screen" (FCS) dated 05/24/23 identified the resident required physical assistance with management of medications and

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treatments.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R3's most current, signed NSA/HCSP dated 05/24/23 revealed the resident self-administered medications and will call for staff if needs help opening something.

Review of the resident's medical record included a self-administration of medication assessment last completed on 02/25/20.

On 08/22/23 at 12:25 PM Licensed Nurse B looked in the electronic medical record and acknowledged the only assessment for self-administration of medication in R3's record was done on 02/25/20.

The executive director failed to ensure a licensed nurse completed an assessment for self-administration of medications for R3 at least annually.

- Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind.

R4's Functional Capacity Screen dated 06/15/23 revealed the resident required was unable to manage medications.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one

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S3175	Continued From page 13 document (NSA/HCSP). R4's NSA/HCSP identified certified staff administered the resident's medications. Review of the resident record included three different self-administration assessments for medications with the following conclusions: 03/22/23 - unable to self-administer and resident elected for facility to manage medications. 04/07/23 - able to apply cream and redress hand - (related to a skin tear) 06/22/23 - resident unable to safely administer medications. Observation on 08/22/23 at 02:18 PM the resident sat in his electric scooter at his computer. On the computer desk was a bottle of Ipratropium Bromide nasal spray and another bottle that was also a nasal spray medication. The resident stated if he had more time to think about it there may be more medications, he kept in his room that he self-administered. On 08/22/23 at 04:43 PM, LN B thought the resident did his own breathing treatments and he also kept his Narcan (for overdose) with him to give if needed. She looked through the resident's record and confirmed the conclusion on the self-administration assessment but questioned its accuracy. The executive director failed to ensure a licensed nurse completed a self-administration of medication assessment for R4 that identified he was able to self-administer specific medications accurately and safely.	S3175		

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S3186	Continued From page 14	S3186		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 43 residents(R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure one (R4) of three sampled residents who self-administered some of their medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications. Findings included: - Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind. R4's Functional Capacity Screen dated 06/15/23	S3186		

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S3186	Continued From page 15	S3186		

revealed the resident required was unable to manage medications.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R4's NSA/HCSP dated 06/15/23 identified certified staff administered the resident's medications. It failed to identify the resident self administered some of his own medications.

Review of the resident record included three different self-administration assessments for medications:
03/22/23 - unable and resident elected for facility to manage medications.
04/07/23 - able to apply cream and redress hand - (had a skin tear)
06/22/23 - resident unable to safely administer medications.

Observation on 08/22/23 at 02:18 PM the resident sat in his electric scooter at his computer. On the computer desk was a bottle of Ipratropium Bromide nasal spray and another bottle that was also a nasal spray medication. The resident stated if he had more time to think about it there may be more medications, he kept in his room that he self-administered.

On 08/22/23 at 04:43 PM LN B thought the resident did his own breathing treatments and he also kept his Narcan with him to give if needed. She reviewed the NSA/HCSP and acknowledged it did not specify what medications the resident would self administer and what the facility was

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S3186	Continued From page 16 responsible for. The executive director failed to ensure designated staff included in the NSA/HCSP who was responsible for administration of selected medications when R4 chose to self-administer some of his medications.	S3186		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.	S3215		

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S3215	Continued From page 17 (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1) The facility reported a census of 43 residents. Based on observation and interview the executive director failed to ensure all medications and biologicals managed by the facility were kept in a locked medication room, cabinet, or medication cart with only licensed nurses and medications aides having access to the stored medications and biologicals. Findings included: - Observation on 08/21/23 at 09:33 AM surveyor walked into the room by the main dining room where the medication carts are kept along with a "Nurse Treatment Cart". No staff were in the room when the surveyor enter the room and one of the carts was not locked. Surveyor opened the drawers, it contained multiple dressing and wound treatments and 2 insulin syringes. On 09/21/23 at 09:35 AM Certified Medication Aide I stated the carts are supposed to be kept locked when we are not at the cart. On 08/21/23 at 09:36 AM Licensed Nurse H reported the cart is usually kept locked but she got out an insulin pen, shut the drawer, and went	S3215		

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S3215	Continued From page 18 to give the insulin and then came right back. On 08/21/23 at 12:37 PM Administrative staff A stated the medication carts (including the nurse cart with insulin and dressings), are supposed to be locked any time staff walk away from the cart. Review of the "Medication and Treatment - Assistance" policy dated 06/16 revealed "...The medication cart is kept closed and locked when out of sight of the medication nurse or aide...". The executive director failed to ensure a staff using the "Nurse Treatment Cart" kept it locked to ensure only a licensed nurse or medication had access to the stored medications and biologicals in the cart.	S3215		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 43 residents (R). The sample included three residents. Based on observation, interview and record review the executive director failed to ensure each resident record contained documentation of all incidents,	S3261		

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symptoms, and other indications of illness or injury, what was done, and the results of action taken for three (R3, R4 and R5) of three sampled residents.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 11/13/15 with diagnoses of hemiplegia affecting non dominant side and myotonic muscular dystrophy.

R3's "Functional Capacity Screen" dated 05/24/23 identified the resident required physical assistance with bathing dressing, eating and management of medications and treatments. She also had bladder incontinence and impaired vision.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R3's most current, signed NSA/HCSP dated 05/24/23 identified LN and Certified staff provide assistance with showers and dressing as needed. Staff also assist with opening packages and containers at meals. The resident is able to self manage toileting needs and visual impairment needs.

Review of R3's progress notes revealed the following:
08/17/22 - New order to discontinue Lasix (diuretic). The record lacked follow up as to the effectiveness or adverse effects of discontinuing the Lasix.

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S3261	Continued From page 20 03/07/23 -- Resident was seen by physician for sacral wound. The record lacked nursing assessment of the wound, description of the wound including measurements and effectiveness of the treatment. 05/16/23 - Resident received new order for Lasix 20mg every other day times four doses. 05/26/23 - Resident had new orders related to bilateral lower extremity edema to start Lasix 20 milligrams every morning. 06/08/23 - Resident still complaining of right leg edema and not going down. medical provider notified. The record lacked follow up on the resident continuing to have complaints of leg edema. 07/07/23 - New order decrease Lasix to one-half tablet daily. The record lacked follow up on the decrease in the Lasix. 07/31/23 - New order to increase the Lasix to 20 mg daily. 08/08/23 - New order to increase the Lasix from 20 mg to 40 mg daily. The record lacked documentation of why the Lasix was increased. 08/17/12 - Resident continues to complain of leg edema. Physician notified. 08/19/23 - New orders to discontinue the Lasix and start Bumex (diuretic) 2 mg daily. The record lacked documentation of the effectiveness in the changes in the resident's diuretic medication. On 08/22/23 at 02:07 PM LN B reported she expected the nurses to document any kind of grievance or concern, change in condition and there should be follow up on those changes. She acknowledged the record should have included documentation on the resident's sacral wound and her edema and if the changes in	S3261		

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medications were effective or not.

The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for R3 related to her sacral wound and lower extremity edema.

- Review of R4's medical record revealed he moved into the facility on 03/25/23 with diagnoses of multiple sclerosis and legally blind.

R4's Functional Capacity Screen dated 06/15/23 revealed the resident required physical assistance with all activities of daily living except for mobility and eating. He was unable to manage medications and medical treatments and had impaired hearing and vision.

On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP).

R4's NSA/HCSP dated 06/15/23 identified certified staff provided physical assistance with bathing, dressing, toileting and transfers and administered the resident's medications.

R4's progress notes revealed the following:
04/18/23 - Resident received new order for his Amitriptyline (antidepressant) to be increased to 50 milligrams (mg) at bedtime. The record lacked documentation of symptoms for the need to increase medication or follow as to effectiveness.
05/11/23 - Resident went to physician and brought back new orders to increase Duloxetine

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S3261	Continued From page 22 (antidepressant) for nerve pain. The record lacked follow up as to the effectiveness regarding relief of nerve pain. 07/19/23 - Resident's sore on coccyx is getting better and only a small red area at this time. The record lacked any documentation including description of the wound, treatment, and if effective prior to this date and no follow up since this date. 08/22/23 at 05:09 PM the resident stated he has had an area on his bottom for a long time that he treats himself with butt paste and it usually takes care of it. On 08/22/23 at 04:51 PM LN B acknowledged the resident had a sore on his bottom when he moved into the facility and the record should have included documentation on the wound as well as follow-up on effectiveness of medication changes. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for R4 related to the resident's coccyx wound and antidepressant and nerve pain medications. - Review of R5's medical record revealed he moved into the facility on 03/01/23 with diagnosis of chronic progressive multiple sclerosis. Review of R5's "Functional Capacity Screen" dated 06/13/23 revealed the resident required physical assistance with bathing, transfers, and management of medical treatments.	S3261		

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S3261	Continued From page 23 On 08/21/23 at 04:00 PM Licensed Nurse (LN) B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were one document (NSA/HCSP). R5's NSA/HCSP dated 06/13/23 revealed the LN and/or certified staff assisted the resident with bathing and transfers in and out of the shower. It also identified the resident required assistance with glucose monitoring and a LN to provide wound care. Review of the R5's progress notes revealed the following: 03/03/23 - Home Health wound nurse in to evaluate and treat wounds. Wound nurse voiced she will be contacting wound clinic for direction on how to proceed with right heel wound, right great toe wound, and right outer ankle wound. 03/11/23 - Resident brought new orders wound clinic visit four wound care and dressings. Home Health informed of new orders. 04/04/23 -- Resident came back from wound clinic with progress note to wear prevalon boot (type of pressure reducing boot) during the day and night due to pressure damage and right ankle getting worse. "He must keep pressure off this area." Resident is aware of physician recommendations to wear boot during day and night. 04/13/23 - Change in orders: wound vac (a type of wound treatment) is requested for right lateral ankle. Copy was given to resident and faxed to Home Health. 04/28/23 - Progress note from wound clinic with order for resident to have wound vac to right ankle wound. Nurse spoke with resident	S3261		

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regarding use of wound vac and resident stated, "I do not want a wound vac ever".
05/24/23 - Returned from wound clinic with order to discontinue wound vac due to resident refusal and included new dressing orders for wounds.
07/27/23 - Resident has an intact band aid on right foot, an open area to sacrum measures approximately 6 centimeters (cm) by 1cm, area at the top of buttock crease has a small open area, and Lower mid back has a discolored area that is not open. Local Home Health is treating wounds.

The resident record lacked facility nursing assessment of the resident's wounds to include description and measurements of his wounds and lacked follow-up on the effectiveness of medical treatments for his wounds.

08/23/23 at 11:40 AM observation of the resident's wounds with Home Health nurse revealed the following:
The wound on right ankle had purplish discoloration to surrounding tissue and wound bed was pink with center of wound at deepest part had a small amount of grayish eschar. The wound measured 1.6 centimeters (cm) by 1.3 cm by 0.5cm deep. He has a foam block that his lower leg sets in to offload the pressure and the HH nurse stated that he uses this at night, and it has made a world of difference.
The wound on his right heel area measured 1.3cm by 1 cm. with depth less than 0.2 cm. The surrounding tissue was dry and scaley in some areas and the wound bed had a scared appearance in the center with a half moon that was pink.
The Home Health nurse reported the wound on the resident's sacrum had healed and the other

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S3261	Continued From page 25 wounds continue to show improvement. On 08/22/23 at 08:45 AM LN B looked through the progress notes stated the resident had a skin observation note documented in the record upon admission but did not have addition skin observations completed or documentation in the progress notes of the resident's wounds by facility nurse. LN B reported she would expect there to be documentation of the resident's wounds in the progress notes. The executive director failed to ensure a facility LN assessed and documented status of the resident's wounds including the measurements or the effectiveness of the treatments toward healing of the wounds.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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.	S3280		

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S3280	Continued From page 26 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 43 residents. Based on record review and interview for all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all employees. Findings included: - On 08/21/23 at 03:00 PM Administrative staff A provided a notebook that contained reviews of the emergency management plan for residents. Review of the notebook included individual pages signed by residents. The pages were titled Evacuation, partial and complete with the definition of each. It also included when such an evacuation would be required as in the case of a fire, flood, power outages and any other emergency when the facility is nono-operational. The dates on the forms were July 2018, January 2019, June 2023 and one resident had this training reviewed on 08/01/23. On 08/21/23 at 03:28 PM Administrative staff A reported she identified the reviews with resident's had not been getting done so in June 2023, she initiated a process to review the emergency management plan with all residents every 90 days.	S3280		

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S3280	Continued From page 27 The executive director failed to ensure the facility's emergency management plan was reviewed with all residents quarterly.	S3280		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of 43 residents (R). The sample included three residents and five newly hired employees. Based on interview and record review the executive director failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for five of five newly hired staff.	S3310		

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Findings included:

- Review of five newly hired employee records on 08/21/23 revealed the following:

Licensed Nurse B hired on 09/22/22 did not have a TB symptom screen completed and did not have record of receiving a two-step TB skin test within six months prior to hire or within seven days of hire date.

Certified Medication Aide (CMA) C hired on 04/18/23 did not have a TB symptom screen completed within seven days of hire date.

Certified CMA D hired on 07/06/23 did not have a TB symptom screen completed within seven days of hire.

Certified Nurse Aide E hired on 05/23/23 did not have a TB symptom screen completed within seven days of hire.

Housekeeping Staff F hired on 02/21/23 did not have a TB symptom screen completed within seven days of hire.

The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new employee shall have an initial TB symptom screen. . . within seven days of employment. . . Each new employee shall receive a two-step TST. . . within seven days of residency or employment."

08/21/23 at 01:04 PM Administrative staff A reported that she spoke with HR personnel, and he had not been doing the symptom screen upon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087049	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT WICHITA, LLC	1315 N WEST STREET WICHITA, KS 67203

(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
S3310	Continued From page 29 hire but just annually. The executive director failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		