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S 000	INITIAL COMMENTS The following citations represent the findings of an Initial Licensure Survey for the above named Home Plus facility conducted on 08/24/23, 08/28/23, and 08/29/23.	S 000		
S5080 SS=F	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of seven residents. The sample included three residents. Based on record review and interview for all residents, the operator failed to ensure their developed "Functional Capacity Screen" included each	S5080		

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

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S5080	Continued From page 1 element and definition as specified by the department. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis, chronic obstructive pulmonary disease, and peripheral vascular disease. R3's "Functional Capacity Screen" dated 06/08/23 failed to include under the mobility assistive devices the use of a mechanical lift and failed to include a section for staff to identify the resident's functional ability related to medical treatments. - Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain. R4's "Functional Capacity Screen" (FCS) dated 02/14/23 failed to include under the mobility assistive devices the use of a mechanical lift and failed to include a section for staff to identify the resident's functional ability related to medical treatments. - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease. R5's "Functional Capacity Screen dated 06/26/23 failed to include under the mobility assistive devices the use of a mechanical lift and failed to	S5080		

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S5080	Continued From page 2 include a section for staff to identify the resident's functional ability related to medical treatments. On 08/29/23 at 02:55 PM Licensed Nurse B looked at the Functional Capacity screen document and confirmed it did not include a place to mark the use of a mechanical lift for and assistive device and did not have a section to assess the resident's functional ability to manage medical treatments. The operator failed to ensure the "Functional Capacity Form" developed by the company included each element and definition in their form as specified by the department.	S5080		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of seven residents(R). The sample included three residents. Based on observation, interview, and	S5085		

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S5085	Continued From page 3	S5085		

record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for two (R4 and R5) of three sampled residents following a significant change in condition as defined in KAR 26-39-100.

Findings Included:

- Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain.

R4's "Functional Capacity Screen" (FCS) dated 02/14/23 revealed the resident required physical assistance bathing, dressing, toileting, transfers, mobility, was independent with eating and had no bladder incontinence.

Observation on 08/28/23 at 09:07AM, R4 sat at the dining room table holding his fork but not taking a bite. At 09:11 AM Certified Nurse Aide (CNA) F went to the table and sat beside R4. She put a piece of bacon in his hand, and he took a few bites, but CNA F had to cue and remind him to eat. She continued to help him finish eating breakfast by feeding him his French toast.

On 08/28/23 at 09:19 AM CNA F and Certified Medication Aide (CMA) G pushed the resident to his room via wheelchair. They proceeded to remove the pillow from his wheelchair helping to support his right side and then put a gait belt around him. Staff got on each side of the resident and lifted him out of the wheelchair and put him in his recliner. During the transfer the

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resident kept his knees bent and was not able to bear any weight.

On 08/28/23 at 01:53 PM Certified Medication Aide F reported staff had to do most everything for him. He did not help dress himself or bathe himself. Staff have to totally lift him for all transfers. We give him foods he can hold in his hand to eat and sometimes he will feed himself but not very often and we have to feed him.

On 08/29/23 at 02:05 PM Licensed Nurse B reviewed R4's FCS and acknowledged he had declined since the initial FCS, and it was no longer accurate for R4's functional abilities.

Review of the undated "Resident Functional Capacity Screening" policy revealed the licensed nurse will complete the Functional Capacity Screening following any significant change in a resident's condition as defined in Kansas Regulate KAR 26-39-100.

The operator failed to ensure designated staff completed a FCS for R4 after he experienced a decline in status resulting in a significant change in condition as defined in KAR 26-39-100.

- Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.

R5's "Functional Capacity Screen dated 06/26/23 revealed she needed physical assistance with transfers, had bladder incontinence and not at risk for falls.

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S5085	Continued From page 5 Review of R5's observation notes revealed on the resident had an unwitnessed fall on 08/11/23. It also identified on 08/11/23 staff started using a mechanical lift for all transfers and Hospice inserted an indwelling catheter to decrease urinary incontinence. Observation on 08/29/23 at 06:50 AM Certified Medication (CMA) G and CMA H went in to assist the resident out of bed for the day. Staff uncovered the resident and took off her night clothes. As staff took off her shirt the resident did not help with any of the task. Staff dressed the resident for the day and then hooked the sling to the mechanical lift. Staff then lifted the resident out of the bed and over to her recliner. The resident did not participate in the process of transferring her. On 08/29/23 at 07:13 AM CMA H reported R5 did not help with dressing or bathing, had an indwelling catheter now and used a mechanical lift for all transfers. On 08/28/23 at 02:05 PM Licensed Nurse B reviewed R5's FCS and acknowledged her current FCS was no longer accurate as she had experienced a decline in status. Review of the undated "Resident Functional Capacity Screening" policy revealed the licensed nurse will complete the Functional Capacity Screening following any significant change in a resident's condition as defined in Kansas Regulate KAR 26-39-100. The operator failed to ensure designated staff completed a FCS for R5 after he experienced a	S5085		

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S5085	Continued From page 6 decline in status resulting in a significant change in condition as defined in KAR 26-39-100.	S5085		
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)(3) The facility reported a census of seven residents(R). The sample included three residents. Based on interview, and record review for three (R3, R4,R5) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive, identification of the	S5105		

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S5105	Continued From page 7	S5105		

provider of each service, and payment source if the service was provided by and outside resource.

Findings included:

- Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis, chronic obstructive pulmonary disease, and peripheral vascular disease.

R3's "Functional Capacity Screen" dated 06/08/23 revealed she needed physical assistance with all Activities of Daily Living (ADL) but was independent with eating. She was unable to manage her medications, had cognitive impairment, and current problems with falls, vision, hearing, and impaired decision-making ability.

R3's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R3's "Negotiated Service Agreement" dated 06/14/23 failed to address the resident's impaired cognition, current problems with falls, impaired hearing and decision-making abilities. It also failed to include the resident received palliative care from a local Hospice agency, services they provided and payment source for their service.

Review of R3's record revealed she signed onto

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S5105	Continued From page 8 Hospice services on 06/08/23, the day of admission to the facility. On 08/28/23 at 02:19 PM Licensed Nurse B reviewed R3's NSA and acknowledged it did not address falls, hearing or decision making and did not include Hospice services. The operator failed to ensure designated staff developed a NSA for R3 based upon her FCS needs and according to service needs related to Hospice. - Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain. R4's only "Functional Capacity Screen" (FCS) in his record is dated 02/14/23. It revealed the resident required physical assistance with all activities of daily living (ADL) but was independent with eating. He needed physical assistance with management of medications, had impaired cognition and at risk for falls. R4's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R4's "Negotiated Service Agreement" dated 06/16/23 failed to address services related to impaired cognition, impaired vision and hearing and impaired decision-making ability. It also failed to identify the resident had bed rail for	S5105		

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S5105	Continued From page 9	S5105		

assistance for bed mobility, and received services for podiatry and hospice, who provided the services and who was responsible for payment of the services.

On 08/29/23 at 02:08 PM Licensed Nurse B reviewed R4's NSA and acknowledged it did not address service needs as identified on the FCS and did not include podiatry or Hospice services.

The operator failed to ensure designated staff developed a NSA for R4 based upon his FCS needs and according to service needs related to podiatry and Hospice.

- Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.

R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with all her activities of daily living but needed supervision with eating. She was also unable to manage her medications.

R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R5's "Negotiated Service Agreement" dated 06/14/23 failed to include the resident received wound care treatments through Home Health services and who was responsible for payment of those services.

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S5105	Continued From page 10 R5's record revealed on 06/01/23 an order for Home Health of choice for leg/wound treatments. On 08/28/23 at 02:10 PM Licensed Nurse B acknowledged R5's NSA did not include that she received home health services for wound care. The operator failed to ensure designated staff developed R5's NSA to include outside services, what service provided, who provided it and who was responsible for payment of the service.	S5105		
S5115 SS=E	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (c) The facility reported a census of five residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure the development of an initial negotiated service agreement upon admission to the facility for one (R3) of three sampled residents. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis,	S5115		

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S5115	Continued From page 11	S5115		

chronic obstructive pulmonary disease, and peripheral vascular disease.

R3's "Functional Capacity Screen" dated 06/08/23 revealed she needed physical assistance with all Activities of Daily Living (ADL) but was independent with eating. She was unable to manage her medications, had cognitive impairment, and current problems with falls, vision, hearing, and impaired decision-making ability.

R3's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R3's only "Negotiated Service Agreement" (NSA) in her medical record was dated 06/14/23, 5 days after moving into the facility.

On 08/29/23 at 02:15 PM Licensed Nurse B stated he had not found the admission NSA as of yet but acknowledged it should have been completed on the day she moved into the facility.

The operator failed to ensure designated staff completed an initial NSA at admission for R3.

- Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.

R5's admission "Functional Capacity Screen" dated 04/14/23 revealed the resident required

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S5115	Continued From page 12 physical assistance with all her activities of daily living but needed supervision with eating. R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's only "Negotiated Service Agreement" in her record is dated 06/26/23, 73 days after moving into the facility. On 08/28/23 at 2:05 PM Licensed Nurse B stated R5 went to the hospital so a new one was completed when she returned in June. He stated he would look to see if the admission NSA might be in a paper record. As of 08/30/23 at 10:40 AM Licensed Nurse B had not been able to provide a NSA for R5 completed upon admission to the facility. The operator failed to ensure designated staff completed an initial NSA at admission for R5.	S5115		
S5116 SS=E	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	S5116		

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S5116	Continued From page 13 assistant; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of seven residents (R). The sample included three residents. Based on observation interview and record review, the operator failed to ensure the review and if necessary, the revision of each negotiated service agreement for two (R4 and R5) of three sampled residents when they had a significant change in status. Findings Included: - Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain. R4's "Functional Capacity Screen" (FCS) dated 02/14/23 revealed the resident required physical assistance with all activities of daily living (ADL) but was independent with eating. He needed physical assistance with management of medications, had impaired cognition and at risk for falls. R4's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the	S5116		

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S5116	Continued From page 14 "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R4's "Negotiated Service Agreement" dated 06/16/23 did not identify the resident received services from a local Home Health/Hospice agency. Review on R4's medical record revealed he had been receiving Home Health Services since 02/27/23 and signed onto their Hospice services on 06/07/23. The record also revealed from 05/21/23 to 06/12/23 the resident received additional services for wound care from a local wound care company. The resident has also had a decline in functional ability since 6/16/23 in that he no longer has an indwelling catheter and is incontinent and is no longer independent with eating his meals. He does not participate in the task of dressing or bathing either. On 08/28/23 at 01:53 PM Certified Medication Aide F reported staff had to do most everything for him. He no longer helped with dressing himself or with bathing, and we have to totally lift him for all transfers. He is not independent with eating, but we have to give him things he can hold in his hand to eat and sometimes he will feed himself but not very often and we have to feed him. On 08/29/23 at 02:08 PM Licensed Nurse B reported he would just put the changes in the care plan and did not realize he needed to revise the NSA when he signed onto a different outside service.	S5116		

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S5116	Continued From page 15 Review of the undated "Negotiated Service Agreement" Policy revealed the facility would review and if necessary, revise each Negotiated Service Agreement following any significant change in condition, as defined in KAR 26-30-100. The operator failed to ensure designated staff reviewed and revised R4's NSA when he had a significant change in status related to outside services, ability to feed himself, and incontinence. - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease. R5's "Functional Capacity Screen dated 06/26/23 revealed she needed physical assistance with transfers, had bladder incontinence and not at risk for falls. R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's "Negotiated Service Agreement" dated 06/14/23 identified staff provided supervision, cueing and oversite for safe transfers, had incontinent episodes at least twice a week and did not include services related to falls. Review of R5's observation notes revealed the resident had an unwitnessed fall on 08/11/23. It	S5116		

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S5116	Continued From page 16	S5116		

also identified on 08/11/23 staff started using a mechanical lift for all transfers and Hospice inserted an indwelling catheter to decrease urinary incontinence.

Observation on 08/29/23 at 06:50 AM Certified Medication (CMA) G and CMA H went in to assist the resident out of bed for the day. Staff uncovered the resident and took off her night clothes. As staff took off her shirt the resident did not help with any of the task. Staff dressed the resident for the day and then hooked the sling to the mechanical lift. Staff then lifted the resident out of the bed and over to her recliner. The resident did not participate in the process of transferring her.

On 08/29/23 at 07:13 AM CMA H reported R5 does not propel herself in the wheelchair at all, she does not help with dressing or bathing. CMA H also reported the resident transfers now using a mechanical lift and has an indwelling catheter as well.

On 08/28/23 at 02:05 PM Licensed Nurse B reported he put changes of care needs in the care plan. He also confirmed that R4 had declined in the past month.

Review of the undated "Negotiated Service Agreement" Policy revealed the facility would review and if necessary, revise each Negotiated Service Agreement following any significant change in condition, as defined in KAR 26-30-100.

The operator failed to ensure the review and if necessary, the revision of R5's negotiated

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S5116	Continued From page 17 service agreement after he had a significant change in status.	S5116		
S5117 SS=E	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (e) The facility reported a census of seven residents (R). The sample included three residents. Based on record review and interview, the operator failed to have evidence to ensure a Licensed Nurse participated in the development, review, and revision for three (R3, R4, and R5) of three sampled residents negotiated service agreement who needed health care services. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis, chronic obstructive pulmonary disease, and peripheral vascular disease. R3's "Functional Capacity Screen" dated 06/08/23 revealed she needed physical assistance with all Activities of Daily Living (ADL)	S5117		

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but was independent with eating. She was unable to manage her medications, had cognitive impairment, and current problems with falls, vision, hearing, and impaired decision-making ability.

R3's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R3's "Negotiated Service Agreement" (NSA) dated 6/14/23 failed to include an electronic or handwritten signature of a licensed nurse to show participation in the development, review and revision of R3's NSA.

On 08/29/23 at 02:17 PM Licensed Nurse B reviewed R3's NSA and acknowledged it did not include his signature either electronic or handwritten. Licensed Nurse B reported he did not realize he needed to sign the NSA.

The operator failed to ensure evidence that a licensed nurse participated in the development, review, and revision of R3's NSA.

- Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain.

R4's "Functional Capacity Screen" (FCS) dated 02/14/23 revealed the resident required physical assistance with all activities of daily living (ADL) but was independent with eating. He needed

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S5117	Continued From page 19 physical assistance with management of medications, had impaired cognition and at risk for falls. R4's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" (NSA) and the tab titled "Active Care Plan" was the "Health Care Service Plan". R4's "Negotiated Service Agreement" dated 06/16/23 failed to include an electronic or handwritten signature of a licensed nurse to show participation in the development, review and revision of R3's NSA. On 08/29/23 at 02:17 PM Licensed Nurse B reviewed R4's NSA and acknowledged it did not include his signature either electronic or handwritten. Licensed Nurse B reported he did not realize he needed to sign the NSA. The operator failed to ensure evidence that a licensed nurse participated in the development, review, and revision of R4's NSA. - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease. R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with all her activities of daily living but needed supervision with eating. She was also unable to manage her medications.	S5117		

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S5117	Continued From page 20 R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's "Negotiated Service Agreement" dated 06/26/23 failed to include an electronic or handwritten signature of a licensed nurse to show participation in the development, review and revision of R3's NSA. On 08/29/23 at 02:17 PM Licensed Nurse B reviewed R5's NSA and acknowledged it did not include his signature either electronic or handwritten. Licensed Nurse B reported he did not realize he needed to sign the NSA. The operator failed to ensure evidence that a licensed nurse participated in the development, review, and revision of R5's NSA.	S5117		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the	S5130		

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resident if services do not meet professional standards of practice.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202(j)(3)

The facility reported a census of seven resident's. The sample included three residents. Based on interview and record review, the operator failed to ensure if a resident received a service from an outside resource, designated staff monitored services and act as an advocate for the resident to ensure services met professional standards of practice.

Findings included:

- Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.

R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with all her activities of daily living but needed supervision with eating. She was also unable to manage her medications.

R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R5's "Negotiated Service Agreement" dated 06/26/23 identified the resident had medical

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S5130	Continued From page 22 treatments for edema but did not identify those services were provided by a local Hospice agency. On 08/28/23 at 10:30 AM after the Hospice nurse finished providing wound care she reported they did not have any kind of notebook in the facility and they did not leave notes on the wounds with the facility. On 08/28/23 surveyor looked for record of Hospice visits and services provided during their visits and did not find a notebook. On 08/28/23 at 03:00 PM Licensed Nurse B looked for and then reported they do not have a notebook for R5's Hospice notes. The operator failed to ensure designated staff monitored wound care and paliative care according to standards of practice.	S5130		
S5161 SS=F	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) The facility reported a census of seven resident (R)s. The sample included three residents. Based on interview for all residents, and record	S5161		

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review, the operator failed to ensure all residents, including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan".

Findings included:

- Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis, chronic obstructive pulmonary disease, and peripheral vascular disease.

R3's "Functional Capacity Screen" dated 06/08/23 revealed she needed physical assistance with all Activities of Daily Living (ADL) but was independent with eating. She was unable to manage her medications, had cognitive impairment, and current problems with falls, vision, hearing, and impaired decision-making ability.

R3's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R3's "Negotiated Service Agreement" (NSA) failed to include the name of the licensed nurse responsible for the implementation and supervision of the health Care Service Plan.

On 08/29/23 at 02:17 PM Licensed Nurse B reviewed R3's NSA and acknowledged it did not

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include the name of the nurse responsible for implementation and supervision of R3's Health Care Service Plan. Licensed Nurse acknowledged this would be the case for all residents in the facility.

The operator failed to ensure R3's NSA included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

- Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain.

R4's "Functional Capacity Screen" (FCS) dated 02/14/23 revealed the resident required physical assistance with all activities of daily living (ADL) but was independent with eating. He needed physical assistance with management of medications, had impaired cognition and at risk for falls.

R4's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" (NSA) and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R4's "Negotiated Service Agreement/Health Care Service Plan" dated 06/16/23 failed to include the name of the licensed nurse responsible for the implementation and supervision of R4's Health Care Service Plan.

On 08/29/23 at 02:17 PM Licensed Nurse B

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S5161	Continued From page 25	S5161		

reviewed R3's NSA and acknowledged it did not include the name of the nurse responsible for implementation and supervision of R3's Health Care Service Plan. Licensed Nurse acknowledged this would be the case for all residents in the facility including R4.

The operator failed to ensure R4's NSA included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

- Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.

R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with all her activities of daily living but needed supervision with eating. She was also unable to manage her medications.

R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan".

R5's "Negotiated Service Agreement" dated 06/26/23 failed to include the name of the licensed nurse responsible for the implementation and supervision of R5's Health Care Service Plan.

On 08/29/23 at 02:17 PM Licensed Nurse B reviewed R3's NSA and acknowledged it did not

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S5161	Continued From page 26 include the name of the nurse responsible for implementation and supervision of R3's Health Care Service Plan. Licensed Nurse acknowledged this would be the case for all residents in the facility including R5. The operator failed to ensure R5's NSA included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		
S5171 SS=E	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 seven residents. The sample included three residents. Based on observation, interview, and record review, for one (R5) of three sampled residents, the operator failed to ensure designated staff followed professional standards of practice related to management of R5's indwelling catheter and interventions to ensure the maintenance of skin integrity. Findings included: - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease.	S5171		

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S5171	Continued From page 27 R5's "Functional Capacity Screen dated 06/26/23 revealed she needed physical assistance with transfers, had bladder incontinence and not at risk for falls. R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's "Negotiated Service Agreement" dated 06/14/23 identified staff provided supervision, cueing and oversite for safe transfers, had incontinent episodes at least twice a week and did not include services related to falls. R5's "Health Care Service Plan" had been updated by the licensed nurse on 08/11/23 to include that the resident had a catheter but failed to include interventions such as cleaning around the catheter entrance twice a day and after each bowel movement, keep the collection bag below the level of the bladder, use devise to keep tubing secure to resident's leg, and make sure the tubing is not kinked or looped and the patient is not lying or sitting on it when in bed/chair. Review of R5's observation notes revealed on 08/11/23 Hospice inserted an indwelling catheter to decrease urinary incontinence. On 8/28/23 at 10:28 AM the hospice nurse was in the room with the resident finishing the wound treatments to her lower legs and putting on the ace compression wraps. At 10:34 AM CMA H	S5171		

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S5171	Continued From page 28 came in and helped the Hospice nurse roll the resident to her side to complete the dressing change to her coccyx. As they rolled R5 onto her right-side observation revealed the catheter had not been threaded through the resident's pullup, had bunched up under her buttock and under her right thigh and was not secured to the top of her leg. As the resident's thigh lifted off the catheter it revealed a Stage two, blistered area directly where the catheter had been under her. The Hospice nurse explained to CMA H that they cannot have the catheter under her as it will cause pressure and discussed the use of a leg band to secure the catheter tubing to the top of her leg, so it is not under her. On 08/29/23 at 02:50 PM Licensed Nurse B acknowledged staff should have used a leg strap to secure it to the top of her leg after they threaded it through her pullup properly and should not have it lying under her leg. Review of the undated "Indwelling catheter/Intermittent policy" revealed all staff will be screened for catheter care services such as ensuring proper placement of tubing for comfort and skin integrity. The operator failed to ensure designated staff followed professional standards of practice related to indwelling catheter care services for R5.	S5171		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be	S5195		

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S5195	Continued From page 29	S5195		

stored in the areas used for food storage, preparation, or serving.

(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-206(f)

The facility reported a census of seven residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions.

Findings included:

- Observation on 08/24/23 at 2:00 PM revealed two plastic baggies with grainy type substance in them on one of the shelves. The baggie did not have a label to identify what the food item was or a date that the item was put into the baggie.

At 02:01 PM Certified Nurse Aide D reported she did not know for sure what it was but it looked like some type of breading.

Continuation of the tour of the dry good storage area revealed a plastic tub and in the tub were multiple baggies of the same type of substances. The baggies were greasy feeling and had obviously been used and were not labeled or sealed. It contained a 25 pound bag of flour that was opened and not sealed, a bag of corn meal mix that was not sealed, and a 25 pound bag of sugar that was not sealed. In the bottom of the tub and on the bags were spilled flour and corn

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S5195	Continued From page 30 meal mix. On 08/24/23 at 02:11 PM Administrative staff C looked at the baggies and the tub and confirmed the baggies needed to be dated and sealed and the flour, sugar and cornmeal needed to be properly sealed. She also acknowledged that once the baggie of breading is used it needed to be discarded. The refrigerator in the dry goods room contained a chub of thawed hamburger that was on the bottom shelf above the crisper not in a pan or other type of container, In the crisper drawer was a bag of chicken breast and in the other drawer was a bag of chicken legs. None of the thawed items had a date of when they were put into the refrigerater to be thawed. In the vegatable drawer of the main refrigerator contained one-fourth package of thawed sausage in a plastic bag that was not dated as to when it was put in the refrigerator. On 08/24/23 at 02:30 PM Administrative staff C acknowledged foods needed to be in containers to prevent leakage and should have been dated to know when they were put into the refrigerator. The operator failed to ensure all foods were stored in a safe manner.	S5195		
S5225 SS=D	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents.	S5225		

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S5225	Continued From page 31 (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(b)(1) The facility reported a census of seven residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure certified staff followed proper infection control measures related to management of an indwelling catheter for one (R5) of three sampled residents. Findings included: - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease. R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with toileting.	S5225		

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S5225	Continued From page 32 R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's "Negotiated Service Agreement" dated 06/14/23 revealed caregiver staff provided physical assistance with toileting. R5's Health Care Service Plan had an update on 08/11/23 for indwelling catheter and for staff/Hospice to change per protocol. It failed to include interventions such as cleaning the skin around catheter insertion site daily, using a securement device to prevent the catheter from pulling or tugging, keep the drainage bag below the bladder level, do not allow the catheter tubing or drainage bag on the floor, and use of privacy bag to help maintain resident's dignity. Observation on 08/28/23 at 09:12 AM the resident sat at the dining room table in her wheelchair. She had a catheter drainage bag attached to the side of her wheelchair at a level that the drainage bag was touching the floor as well as the catheter tubing drug on the floor. Observation on 08/28/23 at 19:28 AM Hospice nurse and Certified Medication Aide (CMA) G assisted the resident to roll onto her right side in bed and observation revealed the resident did not have on a leg strap or other securement device for the catheter tubing and the tubing was all bunched under her legs and through her pullup.	S5225		

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S5225	Continued From page 33 Observation on 08/29/23 at 06:50 AM CMA G and CMA H went in to help R5 up for the day. As staff rolled the resident side to side to properly position the sling under her CMA G handed the catheter bag to CMA H raising it over the height of R5's bladder. As CMA G and CMA H used the mechanical lift to transfer her out of the bed and into the recliner CMA H continued to hold the catheter drainage bag at a height above R5's bladder and then hooked it on the front pocket of the recliner. On 08/28/23 at 01:50 PM Certified Nurse Aide F reported the resident has had the catheter about a month and Hospice manages it. She stated facility staff just empty the drainage bag and do peri-care daily as needed. On 08/29/23 at 02:50 PM Licensed Nurse B reported the catheter bag and tubing are not supposed to ever touch the floor and neither is the catheter tubing. The resident should have on a leg strap to secure the catheter and when moving from one place to another the catheter bag is not to be higher than the bladder level. Review of the undated "Indwelling catheter/Intermittent" policy revealed all staff to be verbally/demonstrated return for catheter care services such as ...ensuring proper placement of catheter bag when in chair/bed, use of dignity bags and risks for infection with indwelling catheter." The operator failed to ensure certified staff followed proper infection control measure related to management of R5's indwelling catheter.	S5225		

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S5251 SS=E	26-42-105 (f) (11) Resident Records 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 26-42-105(f)(11) The facility reported a census of seven residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the action taken, and results of the action for three (R3, R4 and R5) of three sampled residents. Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 06/08/23 with diagnoses of anemia, spinal stenosis, chronic obstructive pulmonary disease, and peripheral vascular disease. R3's "Functional Capacity Screen" dated 06/08/23 revealed she needed physical assistance with all Activities of Daily Living (ADL) but was independent with eating. She was unable to manage her medications, had cognitive impairment, and current problems with falls, vision, hearing, and impaired decision-making ability.	S5251		

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S5251	Continued From page 35 R3's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R3's "Negotiated Service Agreement" revealed the facility staff provided physical assistance with ADLs, prepared and administered medications and that the resident used a walker and wheelchair for mobility. Review of R3's electronic observation notes revealed the following: The record lacked observation note of the resident moving into the facility and her condition upon arrival. The record lacked documentation two falls the resident had on 06/01/23 and 07/17/23 and lacked follow up on R3's status post fall. On 08/29/23 at 02:25 PM Licensed Nurse B acknowledged that he did not document falls in the observation notes but he usually documented an observation note the day the resident moved into the facility. The operator failed to ensure designated staff documented the resident's status upon admission as well as the resident having falls and follow up post falls. - Review of R4's medical record revealed he moved into the facility on 02/14/23 with diagnoses of protein-calorie malnutrition, and senile degeneration of brain.	S5251		

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S5251	Continued From page 36 R4's "Functional Capacity Screen" (FCS) dated 02/14/23 revealed the resident required physical assistance with all activities of daily living (ADL) but was independent with eating. He needed physical assistance with management of medications, had impaired cognition and at risk for falls. R4's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R4's "Negotiated Service Agreement" dated 06/16/23 revealed the resident needed assistance of staff for ADLs , caregivers prepared and administered medications. Review of the resident's orders revealed the following orders: 03/30/23 - start Seroquel (antipsychotic) 25 milligrams (mg0 at bedtime. 04/26/23 - increase Seroquel from 25 mg to 50 mg. The resident's record lacked documentation as to any symptoms or indications as to why the resident was started on antipsychotic medications. R4's Observation notes included documentation on 06/02/23 that the resident was "lethargic" and went to the emergency room via ambulance. The record lacked documentation of the	S5251		

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S5251	Continued From page 37 resident's return and status upon his return from the hospital. On 08/29/23 t 02:13 PM Licensed Nurse B acknowledged R4's record should have included documentation related to the antipsychotic medications and R4's return from the hospital. The operator failed to ensure designated staff documented symptoms related to the need to initiate antipsychotic medication and effectiveness of the medication as well as documentation of R4's return from the hospital. - Review of R5's medical record revealed she moved into the facility on 04/14/23 with diagnoses of diabetes mellitus type two and heart disease. R5's "Functional Capacity Screen dated 06/26/23 revealed the resident required physical assistance with all her activities of daily living but needed supervision with eating. She was also unable to manage her medications. R5's electronic medical record included three different "Care Plans" and per Licensed Nurse B the tab titled "Matrix Care Plan" was the "Negotiated Service Agreement" and the tab titled "Active Care Plan" was the "Health Care Service Plan". R5's "Negotiated Service Agreement" revealed caregiver staff provided physical assistance with ADLs and supervision and cueing with meals. It identified staff prepared and administered medications and provided treatments for edema.	S5251		

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S5251	Continued From page 38 On 08/28/23 at 01:50 PM Certified Nurse Aide (CNA) F reported the resident had leg wraps because she had weeping sores on her legs from swelling. CNA F also reported the resident had an open wound on her bottom (coccyx) that Hospice treated. Review of R5's electronic medical record and observation notes lacked documentation of R5's leg and coccyx wound including measurements and description of the wounds appearance and effectiveness of the treatment. Review of R5's observation notes included the following: 06/01/23 - New order for compression wraps and Home health referral. 06/26/23 - "Resident returned to facility from Larksfield." 08/11/23 - pending x-ray order per Hospice for left hip. X-ray results with no acute fracture. The record lacked documentation of the resident leaving the facility and any symptoms related to her need for discharge and lacked documentation of the resident having a fall on 08/11/23 resulting in left hip pain and need for further assessment and follow up post fall. On 08/28/23 at 02:05 PM Licensed Nurse B reviewed R4's observation notes and acknowledged they lacked documentation of her going to the hospital and then Larksfield and of her fall on 08/11/23. The operator failed to ensure designated staff documented symptoms for the resident's need for hospitalization and a fall resulting in hip pain for	S5251		

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S5251	Continued From page 39 R4.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (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; (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; (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 (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of seven residents. Based on record review and interview, the operator failed to provide evidence of registration, and certification check completion	S5258		

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S5258	Continued From page 40 upon hire for two of five newly hired staff that required specialized education and training. This had the potential to affect all residents who resided in the facility. Findings included: - Review of five newly hired employee records revealed the following: Certified Medication Aide E, hired on 07/19/23 had a registry check completed on 07/20/23, the day after hire date. Certified Nurse Aide (CNA) D, hired on 04/05/23 had a registry check completed on 08/24/23, four months after hire date. On 08/28/23 at 09:47 AM Administrative staff A reported for CNA D she did not realize she needed to print off the registry checks and include them in their filed. The operator failed to ensure newly hired employee records contained evidence of registration/certification check upon hire.	S5258		
S5315 SS=F	26-42-205 (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	S5315		

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S5315	Continued From page 41 managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (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 26-42-205(h)(1)(4) The facility reported a census of seven residents. Based on observation and interview, the operator failed to ensure staff stored medications securely in a locked medication room and/or a locked cart to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications. Staff also failed to store medications according to manufacturer's	S5315		

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S5315	Continued From page 42	S5315		

recommendations regarding refrigeration and according to recommended date of expiration.

Findings included:

- During initial tour on 08/24/23 at 01:35 PM the medication room door was not locked. Upon entering the medication room, the medication cart was unlocked and on the cabinet was a small refrigerator with a lock on it. Surveyor was able to open the refrigerator and it contained the following:
Bottle of TB solution dated 06/30
Four bottles of Morphine Sulfate Oral Solution (narcotic for pain)

Review of the Morphine Sulfate Solution packet insert read "Store Morphine Sulfate Oral Solution at room temperature 68 degrees F (Fahrenheit) to 77 Degrees F".

At 01:46 PM Administrative staff C called Licensed Nurse B. Administrative staff C then reported the TB solution was not any good and had expired. Administrative staff C also told Licensed Nurse B what the package insert said and he directed her to contact the pharmacy.

At 1:54 PM Administrative staff C reported the pharmacist will reorder the Morphine Sulfate and the current bottles needed to be destroyed. She also confirmed the refrigerator was supposed to be kept locked when not in use.

Review of the undated "Medication Storage" policy revealed staff will ensure all medications and biologicals are securely and according to manufacturer's recommendations.

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COMFORT AND LOVE 2042	2042 N GARNETT ST WICHITA, KS 67206

(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
S5315	Continued From page 43 The operator failed to ensure all medications were stored securely and in accordance with manufacturer's recommendations.	S5315		
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 seven residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and the public. Findings included: - Review of the resident roster on 06/14/22 revealed the facility had a census of seven residents with five of the seven residents identified as having impaired cognition. During initial tour on 08/24/23 surveyor made the following observations of unsecured chemicals, all of which had a warning label to keep out of	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087257	A. BUILDING: _____ B. WING _____	08/29/2023

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S5335	Continued From page 44 reach of children or warning labels related to eye irritant or harmful if swallowed: At 01:17 PM - The laundry room door was open - and on the counter was a pump bottle of Mela Power laundry soap. The cabinet under the sink had a sticker on it, "keep locked at all times" and the cabinet was unlocked. The cabinet contained a gallon of Shurguard Plus disinfectant, and a gallon of ZEP Neutral PH floor cleaner. The unlocked cabinet above the folding counter contained Diamond Bright dishwasher detergent, baby powder, bottle of tub and tile cleaner, spray bottle and concentrate bottles of Sol-U guard disinfectant, Spray bottle and two bottles of concentrated "Tough and Tender Cleaner", two bottles of pre-spot remover, and a plastic container of companion disinfectant wipes. At 01:35 PM the medication room was unlocked and the cabinet under the sink contained a canister of prospray wipes and toilet bowl cleaner with bleach and a spray bottle without a label on it. At 01:56 PM in the unlocked kitchen cabinet contained Prospray wipes, 2 spray bottles of tough and tender and bottle of clean and gleam floor polish and cans of Browdy disinfectant spray. The cabinet under the main sink contained container of dishwasher pods, gallon of Clorox, bottle of dish washing detergent and a container of Prospray wipes. On 08/24/23 at 1:35 PM Administrative staff C reported the cabinets in the laundry room were supposed to be kept locked and all chemicals needed to be kept in locked cabinets.	S5335		

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S5335	Continued From page 45 Review of the undated "Chemical Management" policy revealed all chemicals to be labeled, kept in closed containers and in an enclosed, locked storage area. The operator failed to ensure facility staff kept chemicals secured to maintain safety of residents and visitors.	S5335		