STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087116	A. BUILDING: _____ B. WING _____	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE WICHITA, KS 67208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey with complaint investigations 172839, 173968, 174465, 180713, 181400 for the above named facility conducted on 09/05/23, 09/06/23, and 09/07/23.	S 000		
S 190 SS=D	26-39-102 (e) Admission, Transfer, Discharge (e) Before a resident is transferred or discharged involuntarily, the administrator or operator, or the designee, shall perform the following: (1) Notify the resident, the resident ' s legal representative, and if known, a designated family member of the transfer or discharge and the reasons; and (2) record the reason for the transfer or discharge under any of the circumstances specified in paragraphs (d) (1) through (4) in the resident ' s clinical record, which shall be substantiated as follows: (A) The resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the adult care home; (B) the resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the adult care home; and (C) a physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary because the health or safety of other	S 190		

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

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S 190	Continued From page 1 individuals in the adult care home is endangered. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (e)(2)(A)(C) The facility reported a census of eight residents. The sample included three residents and 2 focused record reviews. Based on interview and record review of one (R3) of three sampled residents who received a discharge notice, the operator failed to have the resident's physician document the rationale for transfer or discharge in the resident's medical record prior to discharge from the facility. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/07/22 with a diagnoses of Parkinson's and dementia. R3's "Functional Capacity Screen" dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility. R3's "Negotiated Service Agreement dated 01/09/23 identified the resident needed personal service of physical assistance with transfers and mobility and used a wheelchair. It also identified "Staff will assist residents that require one person assist with transferring him/her from the bed to the wheelchair." It identified the resident was not able to self propel to the safe zone.	S 190		

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S 190	Continued From page 2 R3's "Health Care Service Plan" (HCSP) dated 01/09/23 identified the resident used a wheelchair for mobility with staff to propel the wheelchair. The HCSP failed to include interventions for how staff would transfer the resident from one surface to another or how to evacuate resident in case of an emergency. On 09/06/23 at 07:22 PM Surveyor received an email Administrative Staff A stated she had sent to R3's DPOA and family member stating the resident needed to be transferred to another facility immediately which would take care of residents who required assistance of two staff. She included that she had found a facility that would accept the resident tomorrow and had planned to transfer resident with assistance of Hospice staff. Review of R3's observation notes and paper record failed to include documentation from R3's medical provider as to why the facility could no longer meet the residents needs and needed to be transferred to a different facility. On 09/06/23 at 05:51 PM Licensed Nurse B stated she did not know the physician needed to document the rationale for discharge in the resident's clinical record. Review of the undated discharge policy provided by Administrative Staff A revealed if a discharge is necessary due to change of status the resident or resident's legal representative will be notified immediately. Residents can be issued a 30-day discharge due to needs that cannot be met by the facility.	S 190		

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S 190	Continued From page 3 The operator failed to ensure the resident's physician documented the rationale for transfer or discharge in the resident's medical record specifically related to the facility not being able to meet the residents needs related to a decline in status which required assistance of two staff for transfers, including transfers to evacuate in case of an emergency.	S 190		
S 195 SS=D	26-39-102 (f) Discharge Notice (f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident ' s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met: (1) The safety of other individuals in the adult care home would be endangered. (2) The resident's urgent medical needs require an immediate transfer to another health care facility. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (f) The facility reported a census of eight residents. The sample included three residents and two focused record reviews. Based on observation, interview and record review the operator failed to provide a notice of transfer or discharge in writing to one (R3) of three sampled resident's	S 195		

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S 195	Continued From page 4	S 195		

legal representatives at least 30 days before the resident transferred or discharged from the facility involuntary.

Findings included: -

- Review of R3's medical record revealed she moved into the facility on 02/07/22 with a diagnoses of Parkinson's and dementia.

R3's "Functional Capacity Screen" dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility.

R3's "Negotiated Service Agreement dated 01/09/23 identified the resident needed personal service of physical assistance with transfers and mobility and used a wheelchair. It also identified "Staff will assist residents that require one person assist with transferring him/her from the bed to the wheelchair." It identified the resident was not able to self propel to the safe zone.

R3's "Health Care Service Plan" (HCSP) dated 01/09/23 identified the resident used a wheelchair for mobility with staff to propel the wheelchair.

On 09/06/23 at 07:22 PM Surveyor received an email from Administrative Staff A that she sent to R3's Durable Power of Attorney (DPOA) and family member which stated the resident needed to "...be transferred to a facility with two person assist immediately.
We have found a facility that will provide care for her...She will transfer by Hospice services to the new facility Thursday September 7th, 2023."

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S 195	Continued From page 5 The notice provided by Administrative staff A was for an immediate discharge and was not a 30 day written notice. On 09/07/23 at 11:14 AM Administrative Staff A acknowledged the discharge notice provided to R3's was for immediate discharge. The operator failed to provide R3's legal representative with a 30-day written notice before the resident was to be discharged / transferred involuntary.	S 195		
S 200 SS=D	26-39-102 (g) Written Discharge Notice Requirements (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the complaint program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered; (4) the address and telephone number of the state long-term care ombudsman; and (5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (g)(3)(4)	S 200		

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S 200	Continued From page 6 The facility reported a census of eight residents. The sample included 3 residents and two focused record reviews. Based on interview and record review of one (R3) of three sampled residents who received an involuntary discharge notice, the operator failed to include the address and telephone number of the complaint program of the Kansas Department for Aging and Disabilities and failed to include the address and telephone number of the state long-term care ombudsman. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/07/22 with a diagnoses of Parkinson's and dementia. R3's "Functional Capacity Screen" dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility. R3's "Negotiated Service Agreement dated 01/09/23 identified the resident needed personal service of physical assistance with transfers and mobility and used a wheelchair. It also identified "Staff will assist residents that require one person assist with transferring him/her from the bed to the wheelchair." It identified the resident was not able to self propel to the safe zone. R3's "Health Care Service Plan" (HCSP) dated 01/09/23 identified the resident used a wheelchair for mobility with staff to propel the wheelchair.	S 200		

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S 200	Continued From page 7 On 09/06/23 at 07:22 PM Surveyor received an email from Administrative Staff A that she sent to R3's Durable Power of Attorney (DPOA) and family member which stated the resident needed to be transferred to another facility immediately that took care of residents who required assistance of two staff. She included that she had found a facility that would accept the resident tomorrow,(09/07/23) and planned to transfer the resident with assistance of Hospice staff. Review of the involuntary discharge/transfer notice given to R3's DPOA and son failed to include the address and phone numbers for the KDADS hotline and the state long-term care ombudsman. On 09/07/23 at 11:14 AM Administrative Staff A acknowledged the notice she emailed the family did not include all the required information on a discharge notice. Review of the undated discharge policy provided by Administrative Staff A revealed if a discharge is planned proper paperwork will be completed along with education on the medications and any other personal aspects of resident's care will be shared with the resident or the resident's legal representative. If a discharge is necessary due to change of status the resident or resident's legal representative will be notified immediately. Residents can be issued a 30-day discharge due to needs that cannot be met by the facility. The operator failed to ensure R3's involuntary discharge notice included the address and phone number of the complaint program of the	S 200		

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S 200	Continued From page 8 Kansas Department of aging and disabilities and the address and phone number of the state long-term care ombudsman.	S 200		
S5065 SS=D	26-42-200 (a) Resident Criteria (a) The administrator or operator of each home plus shall ensure the development and implementation of written admission, transfer, and discharge policies that protect the rights of each resident, pursuant to K.A.R. 26-39-102. In addition, the administrator or operator shall ensure that any resident who has one or more of the following conditions is not admitted or retained unless the negotiated service agreement includes services sufficient to meet the needs of the resident: (1) Incontinence, if the resident cannot or will not participate in management of the problem; (2) immobility, if the resident is totally dependent on another person ' s assistance to exit the building; (3) any ongoing condition requiring two or more persons to physically assist the resident; (4) any ongoing, skilled nursing intervention needed 24 hours a day; or (5) any behavioral symptom that exceeds manageability. This REQUIREMENT is not met as evidenced by: KAR 26-42-200(a)(1)(2)(3)(4) The facility reported a census of eight residents. The sample included three residents and two focused record reviews. Based on interview and record review the operator failed to ensure	S5065		

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designated staff included services sufficient to meet the needs of one (R3) of three sampled residents who could not participate in management of incontinence, was totally dependent on another person's assistance to exit the facility, required two or more persons to physically assist the resident, and had a skilled nursing need 24 hours per day related to nutritional and hydration supplementation via feeding pump.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/07/22 with a diagnoses of Parkinson's and dementia.

R3's "Functional Capacity Screen" dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility. It also identified the resident was incontinent of bladder.

R3's "Negotiated Service Agreement" (NSA) dated 01/09/23 failed to identify staff needed to provide total assistance with bladder incontinence and the resident did not transfer for toileting. It failed to identify the resident had no oral food intake and all nutrition was provided through PEG tube, (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall) and skilled nursing through local Hospice managed the nutritional supplement and feeding pump. The NSA also failed to identify R3 was totally dependent on staff for assistance to exit the building and required total assistance of two staff for transfers.

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S5065	Continued From page 10 On 09/06/23 at 05:46 PM Licensed Nurse B reviewed R3's NSA and acknowledged it did not specify services specifically to meet R3's need for complete bladder incontinence, her need for assistance of two staff for transfers, her need for staff to take her out of the facility in case of an emergency and did not specify skilled nursing services through Hospice for management of her PEG tube and feeding pump. The operator failed to ensure designated staff included a description of sufficient services in the NSA for R3 who had bladder incontinence and could not participate in management of the problem, was totally dependent on another person's assistance to exit the building, required assistance of two staff for cares, and had a skilled nursing intervention needed 24 hours a day.	S5065		
S5085 SS=D	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)	S5085		

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S5085	Continued From page 11	S5085		

The facility reported a census of eight residents(R). The sample included three residents and two focused record reviews. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R3) of three sampled residents following a significant change in condition as defined in KAR 26-39-100.

Findings Included:

- Review of R3's medical record revealed she moved into the facility on 02/07/22 with a diagnoses of Parkinson's and dementia.

R3's most recent "Functional Capacity Screen" dated 01/09/23 revealed staff coded bathing, dressing, toileting, transfers, mobility and eating a "2", indicating the resident could participate in each activity of daily living but required physical assistance to complete the task.

Observation on 09/06/23 at 08:38 AM the resident lay in bed, in a fetal position. She moved her upper body back and forth and pulled her legs up toward her chest while she laid in the bed. She just looked at the surveyor and did not respond when spoken to. She had a low air loss mattress on the bed with bilateral half rails. There was not a wheelchair or a mechanical lift in the resident's room to be used for transfers.

On 09/06/23 at 08:04 AM Certified Medication Aide (CMA) C reported the resident needed total assistance of staff with all cares and does not help with any part of the task. CMA C also stated

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S5085	Continued From page 12 R3 does not get out of bed and has not gotten out of bed for about three months now. On 09/06/23 at 01:12 PM CMA H reported the resident did not get up to toilet and staff had to check and change her every two hours. He reported she needed total assistance with all her cares and does not do any of it herself. On 09/06/23 at 05:45 PM Licensed Nurse B confirmed the resident required total assistance of staff for all her activities of daily living and should have had a new Functional Capacity Screen completed when she had the decline in status. The operator failed to ensure designated staff completed a FCS for R3 after she experienced a 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	S5105		

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S5105	Continued From page 13 (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2) The facility reported a census of seven residents(R). The sample included three residents and two focused record reviews. Based on interview, and record review for two (R3, and R4) 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 provider of each service, and payment source if the service was provided by and outside resource. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/07/22 with diagnoses of Parkinson's and dementia. R3's most recent "Functional Capacity Screen" dated 01/09/23 revealed staff coded bathing, dressing, toileting, transfers, mobility and eating a "2", indicating the resident could participate in each activity of daily living but required physical assistance to complete the task. R3's "Negotiated Service Agreement" dated 01/09/23 identified the resident needed personal services for completion of activities of daily	S5105		

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living, but failed to identify who performed those services. It identified the resident was incontinent of bowel and bladder but did not include what service the facility provided. It also failed to identify services related to cognition, communication and impaired decision making.

On 09/06/23 at 05:46 PM Licensed Nurse B reviewed R3's "Negotiated Service Agreement" and acknowledged it did not identify who provided assistance with activities of daily living and did not address all services the resident needed as indicated on the "Functional Capacity Screen".

The operator failed to ensure designated staff developed a NSA for R3 based upon her service needs as identified in her "Functional Capacity Screen"

- Review of R4's medical record revealed she moved into the facility on 07/10/22 with diagnosis of diabetes mellitus type two.

R4's most current "Functional capacity Screen" dated 08/24/23 revealed she required physical assistance with bathing, dressing, and toileting, had bladder incontinence, impaired communication, impaired cognition and impaired decision making.

R4's "Negotiated Service Agreement" (NSA) dated 08/24/23 identified the resident had bladder incontinence, and memory impairment but failed to identify what service and who provided the service to address R4's service needs. It also failed to address who and what service was provided related to the residents

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PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE WICHITA, KS 67208

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S5105	Continued From page 15 impaired communication. On 09/06/23 at 05:43 PM Licensed Nurse B acknowledged R4's NSA did not include who provided assistance with "Personal Service" needs and also failed to identify what services would be provided to meet the resident's needs. The operator failed to ensure designated staff developed a NSA for R4 based upon her service needs as identified in her "Functional Capacity Screen"	S5105		
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 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 eight residents (R). The sample included three residents and	S5116		

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two focused record reviews. 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 (R3 and R5) of three sampled residents when they had a significant change in status.

Findings Included:

- Review of R3's medical record revealed she moved into the facility on 02/07/22 with diagnoses of Parkinson's and dementia.

R3's "Functional Capacity Screen" (FCS) dated 01/09/23 revealed the resident needed physical assistance with all Activities of Daily Living (ADL) including transfers and mobility. Designated staff failed to complete a new FCS to identify the resident could no longer participate in performing ADLs after she had a significant change in condition.

R3's "Negotiated Service Agreement" (NSA) dated 01/09/23 identified the resident needed personal service identified as physical assistance with bathing, dressing, mobility, and transfers. Designated staff failed to review and revise the NSA to identify the resident was unable to perform her ADL tasks and was totally dependent on staff to complete her ADLs.

Observation on 09/06/23 at 08:38 AM the resident lay in bed, in a fetal position. She moved her upper body back and forth and pulled her legs up toward her chest while she laid in the bed. She just looked at the surveyor and did not respond when spoken to. She had a low air loss

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mattress on the bed with bilateral half rails. There was not a wheelchair or a mechanical lift in the resident's room to be used for transfers.

On 09/06/23 at 08:04 AM Certified Medication Aide (CMA) C reported the resident needed total assistance of staff with all cares and does not help with any part of the task. CMA C also stated R3 does not get out of bed and has not gotten out of bed for about three months now.

On 09/06/23 at 01:12 PM CMA H reported the resident did not get up to toilet and staff had to check and change her every two hours. He reported she needed total assistance with all her cares and does not do any of it herself.

On 09/06/23 at 05:45 PM Licensed Nurse B confirmed the resident required total assistance of staff for all her activities of daily living and should have had her NSA revised when she had the decline in status.

The operator failed to ensure designated staff reviewed and revised R3's NSA when she had a significant change in status related no longer able to participate in her ADLs.

- Review of R5's medical record revealed he moved into the facility on 06/15/23 with diagnoses of diabetes mellitus type two and end stage renal disease.

R5's "Functional Capacity Screen" dated 06/15/23 revealed the resident was independent with all activities of daily living including management of medications.

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S5116	Continued From page 18 R5's "Negotiated Service Agreement" (NSA) dated 06/15/23 revealed "All medication is dispensed by medical professionals" and circled Certified Medication Aide, Licensed Practical Nurse, and Registered Nurse. Designated staff failed to review/revise R5's NSA when he started to self administer his medications except for his narcotic medications. Review of R5's observation notes revealed on 07/12/23 the resident had requested to be able to self administer his medications. On 09/06/23 at 11:02 AM Certified Medication Aide C reported the resident self-administers all of his own medications except for his narcotics and we give those to him. On 09/06/23 at 05:35 PM Licensed Nurse B confirmed the resident self administered some of his medications and his NSA should have been revised to indicate the change in services. The operator failed to ensure designated staff reviewed and revised R5's NSA when he had a significant change in status related to improvement and ability to self administer some of his medications.	S5116		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		

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This REQUIREMENT is not met as evidenced by:
KAR 26-42-204(a)

The facility reported a census of eight residents. The sample included three residents and two focused record reviews. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of two (R3 and R4) of three sampled residents in accordance with their "Functional Capacity Screen" and their "Negotiated Service Agreement".

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/07/22 with diagnoses of Parkinson's and dementia.

R3's "Functional Capacity Screen" (FCS) dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility.

R3's "Negotiated Service Agreement" dated 01/09/23 identified the resident needed personal services for completion of activities of daily living, but failed to identify who performed those services. It identified the resident was incontinent of bowel and bladder but did not include what service the facility provided. It also failed to

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identify services related to cognition, communication and impaired decision making.

R3's "Health Care Service Plan" (HCSP) dated 01/09/23 failed to include interventions on how facility staff were to provide services related to bowel and bladder incontinence, how to transfer the resident, no interventions related to the resident having a PEG tube (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall), no interventions related to prevention of pressure ulcers, no interventions related to cognition or how to communicate with the resident.

On 09/06/23 at 05:50 PM Licensed Nurse B reviewed the residents Health Care Service Plan and acknowledged it did not include health care services to direct staff on how to provide necessary services to meet R3's needs.

The operator failed to ensure designated staff developed R3's Health Care Service Plan according to the FCS and the NSA.

- Review of R4's medical record revealed she moved into the facility on 07/10/22 with diagnosis of diabetes mellitus type two.

R4's most current "Functional capacity Screen" (FCS) dated 08/24/23 revealed she required physical assistance with bathing, dressing, and toileting, had bladder incontinence, impaired communication, impaired cognition and impaired decision making.

R4's "Negotiated Service Agreement" (NSA)

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S5155	Continued From page 21 dated 08/24/23 identified the resident had bladder incontinence, cognitive impairment, impaired communication, and impaired decision-making ability. R4's health Care Service plan dated 08/24/23 failed to include health care services on how staff were to assist R4 with bowel and bladder incontinence, cognitive impairment, impaired communication, and impaired decision-making ability. On 09/06/23 at 05:44 PM Licensed Nurse B reviewed R4's Health Care Service plan and acknowledged it did not include health care services to direct staff on how to provide necessary services to meet R4's needs. The operator failed to ensure designated staff developed R4's Health Care Service Plan according to the FCS and NSA.	S5155		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of eight residents. Based on interview and record review for two of	S5165		

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S5165	Continued From page 22 four newly hired Certified Medications Aides, the operator failed to ensure the delegated nursing procedure for monitoring blood glucose via glucometer for each CMA was completed by a licensed nurse under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of R4's medical record revealed she moved into the facility on 07/10/22 with diagnoses of diabetes mellitus and the facility Certified Medication Aides (CMA) checked the residents blood sugars three times a day. Surveyor requested to review the delegation for four of four newly hired Certified Medication Aides completed by the licensed nurse prior to staff monitoring resident's blood sugars. On 09/07/23 at 01:50 PM Administrative Staff A provided delegation for CMA F, CMA D did not work at the facility long enough for completion and she was unable to find evidence of delegation of blood glucose monitoring for CMA E and CMA L. The operator failed to ensure two of four CMAs were properly trained by a Licensed Nurse on the procedure of monitoring blood glucose via glucometer.	S5165		
S5170 SS=D	26-42-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include	S5170		

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S5170	Continued From page 23 the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the home. A copy of the medical care provider ' s order from a home health agency or hospice may be used. (4) The administrator or operator shall ensure that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(g) The facility reported a census of eight residents. The sample included three sample resident's and two focused record reviews. Based on observation, interview, and record review for one (R3) of three sampled residents the operator failed to ensure R3's "Health Care Service Plan" included the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/07/22 with	S5170		

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diagnoses of Parkinson's and dementia.

R3's "Functional Capacity Screen" (FCS) dated 01/09/23 revealed the resident needed physical assistance with eating. It identified the resident required feeding via tube. and had Home Health services through a local Home Health Company.

R3's "Negotiated Service Agreement dated 01/09/23 identified the resident had wounds and in need of skin care and was fed a liquid diet through a feeding tube. It identified the resident had services from a local Home Health company but did not identify what services the company provided.

R3's "Health Care Service Plan" (HCSP) dated 01/09/23 identified "staff to crush meds given via tube" and received meals via tube feeding. It included a local Home Health company but did not identify what services were provided by the company, including skilled nursing related to the resident having a PEG tube (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall) and requiring SN to administer medications and to manage wound care.

On 09/06/23 at 05:50 PM Licensed Nurse B acknowledged the Health Care Service Plan did not identify R3 received skilled nursing services related to wound care and the need to have nutrition and medications administered via PEG tube.

The operator failed to ensure designated staff included the skilled nursing services provided to R3 related to wound care and nutritional

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S5170	Continued From page 25 supplementation via PEG tube.	S5170		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of eight residents. The sample included three residents and two focused record reviews. Based on observations, interview, and record review, the operator failed to ensure the facility had a sufficient number of staff to take one (R3) of three sampled residents, who required assistance of two staff for transfers to a secure location in case of an emergency. Records show that since 05/08/23, when a low air mattress was delivered for the resident, it took two staff to transfer R3 out of her bed and into a wheelchair. Since 05/08/23, the operator only staffed one qualified staff member daily on each shift, which put R3 in immediate jeopardy for her safety. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/07/22 with diagnoses of Parkinson's and dementia.	S5205		

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S5205	Continued From page 26 R3's "Functional Capacity Screen" (FCS) dated 01/09/23 revealed the resident needed physical assistance with all activities of daily living including transfers and mobility. Designated staff failed to complete a new FCS to identify the resident could no longer perform the tasks of transferring and mobilizing her wheelchair with only one staff member after she had a significant change in condition. R3's "Negotiated Service Agreement dated 01/09/23 identified the resident needed personal service identified as physical assistance with transfers and mobility with the use of a wheelchair. The NSA also identified "Staff will assist residents that require one person assist with transferring him/her from the bed to the wheelchair." It identified the resident was not able to self-propel to the facility designated safe zone in the event of an emergency. Staff failed to revise the NSA to identify R3 needed total assistance of two staff for transfers in case of an emergency. R3's "Health Care Service Plan" (HCSP) dated 01/09/23 identified the resident used a wheelchair for mobility with staff to propel the wheelchair. The facility failed to update the HCSP in 05/2023to identify the resident required total assistance of two staff for transfers and was totally dependent on staff to evacuate in case of an emergency. Review of "Hospice Start of Care Note" dated 05/06/23 revealed the resident would be receiving a low air mattress. Review of R3's "Observation Notes" included an	S5205		

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entry on 05/08/23 at 08:45 PM by Certified Medication Aide J that identified a new mattress was delivered for R3.

Review of the actual staffing schedules provided by Administrative Staff A for May, June, July, August, and September of 2023 revealed staff worked eight-hour shifts and only one staff member was scheduled for each shift. The only time there were two staff in the facility was when a licensed nurse was in the building, which was typically Monday thru Friday from 09:00 AM to 05:00 PM.

Observation on 09/06/23 at 08:38 AM the resident lay in bed, in a fetal position. She moved her upper body back and forth and pulled her legs up toward her chest while she laid in the bed. She just looked at the surveyor and did not respond when spoken to. She had a low air loss mattress on the bed with bilateral half rails. There was not a wheelchair or a mechanical lift in the resident's room to be used for transfers.

On 09/06/23 at 08:04 AM Certified Medication Aide (CMA) C reported R3 needed total assistance with all cares and stated she had not been of bed for multiple months. CMA C reported if there was an emergency and residents needed to be evacuated, she would get everyone else out first and then get the wheelchair from the back room and try to get R3 out of the building. CMA C acknowledged she would not be able to get R3 out of bed for evacuation without someone else assisting her.

On 09/06/23 at 09:23 AM Hospice Licensed Nurse K reported the only time that she knew the

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resident got out of her bed was when she and a facility staff transferred her out of the bed and into a wheelchair in order to switch out the mattress on R3's bed. She stated it was a very difficult transfer for the two of them and stated R3 was more of a three-person transfer.

09/06/23 at 12:58 PM CMA G reported she worked at the facility for about a year and it took two people to transfer the resident in and out of bed.

On 09/06/23 at 01:12 PM CMA H reported R3 required total assistance with all cares, and it took two people to transfer her out of bed into a wheelchair. CMA H reported working at the facility since May or June of 2023, and stated R3 required two staff assistance with transfers since working at the facility.

On 09/06/23 at 01:29 PM Certified Nurse Aide (CNA) I reported as far as she knew the resident never got out of bed. CNA I stated she was not sure if she would be able to get her out of bed or not, but was told to put her on a sheet and lower her to the floor to get her out of the building in an emergency.

On 09/06/23 at 02:15 PM CMA E stated she worked at the facility for a couple of months and R3 had always been bedfast. CMA E stated she would not be able to get R3 out of bed by herself if there was an emergency and stated she would have to call 911 for assistance. CMA E also signed a notarized statement acknowledging that in case of any emergency she would not be able to lift the resident herself.

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S5205	Continued From page 29 Review of a signed, notarized statement CMA F reported in case of an of emergency she would not be able to transfer R3 out of bed by herself. Review of a signed statement dated 09/06/23, CMA D reported R3 required total assistance with all cares and assistance of two staff for transfers using a mechanical lift. Review of a signed, notarized statement dated 09/06/23 Licensed Nurse B reported she had not seen the resident transferred out of bed since she started employment at the facility. She further noted it would be difficult for her to transfer R3 alone. The operator failed to provide sufficient staffing from 05/08/23 until 09/07/23 for R3 who required assistance of two staff for transfers and was totally dependent on staff for mobility assistance in the case of an emergency. On 09/06/23 at 02:23 PM Surveyor spoke with Licensed Nurse B and Administrative Staff A by phone. Surveyor explained Immediate Jeopardy had been identified, because R3 required assistance of two staff for transfers and there was only one staff person scheduled to work in the facility on all three shifts. The immediate Jeopardy was removed on 09/07/23 at 01:09 PM after Administrative Staff A provided the plan to correct the insufficient staff to assist R3 to get to a secure location in an emergency. The plan included the following: A. "It was observed that bed fast resident could not be transferred by one staff. As the house was staffed by one person at the time of the	S5205		

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S5205	Continued From page 30 observation, it was deemed that bed fast resident's safety was at stake in the case of emergency evacuation... When resident condition changed, family members had determined that resident should remained bed fast thereby removing the need to transfer resident periodically... Operational assessment failed to consider the need for resident transfer in the case of emergency." B. "House will be staffed by two staff 24 hours a day effective immediately and will reain in effect until it is no longer needed." A 24 hour staffing list was included in the plan through 09/07/23 at 02:00 PM. "Resident family has agreed to resident's transfer to another facility that best meets resident care needs. Resident was moved on 09/07/23 at 08:32 AM. Observation on 09/07/23 at 08:00 AM Hospice staff arrived and packed R3's personal belongings. At 08:33 AM R3 was transferred via a local transport company to a different facility that could provide assistance of two staff 24 hours per day.	S5205		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency	S5215		

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S5215	Continued From page 31	S5215		

management plan with employees and residents; and
(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-104 (d)(3)

The facility reported a census of five residents. Based on record review and interview for all residents and employees, the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with employees and residents.

Findings included:

- On 09/06/23 at 01:00 PM Licensed Nurse B provided surveyor with a notebook which she stated contained all the reviews of the Emergency Management Plan (EMP) with residents and staff.

Review of the information provided included the following:
03/09/23 - a list of 15 employees with only six employees signed that they had reviewed the EMP.
07/13/23 included a list of seven employees and nine residents with all signing they had reviewed the EMP.
It lacked evidence of EMP reviews from May of 2022 through February of 2023.

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S5215	Continued From page 32 On 09/07/23 at 12:45 PM Administrative Staff A and Licensed Nurse B looked through the training notebook and were not able to find additional reviews of the emergency management plan with residents and staff prior to March of 2023. The operator failed ensure the review of the emergency management plan on a quarterly basis with all residents and all facility staff.	S5215		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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: K.A.R 26-42-207(c) The facility reported a census of eight residents (R). The sample included three residents and two focused record review, and review of five	S5230		

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newly hired employee files. Based on interview and record review for one (R5) of three sampled residents and two of five newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of R5's medical record revealed he moved into the facility on 06/15/23. R5's medical record included a TB symptoms screen completed on 06/26/23, 11 days after moving into the facility. His TB skin tests did not include the date they were administered just the date they were read and the results. The first TB skin test was read on 06/28/23 which meant the earliest it could have been given was 06/25/23, more than seven days after moving into the facility.

On 09/06/23 at 05:22 PM Licensed Nurse B reported the TB skin test and Symptom screen should have been done on the day of admission. She acknowledged R5's TB testing and screening was not done according to guidelines.

Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new resident shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency and shall receive a two-step tuberculosis skin test (TST) ... within seven days of residency.

The operator failed to ensure each new resident

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S5230	Continued From page 34 received a TB symptom screen and TB skin test according to the departments TB guidelines. - Review of five newly hired employee files revealed the following: Licensed Nurse B hired on 04/03/23 with a start date of 04/26/23 had a TB symptom screen completed on 05/18/23, more than seven days after she started working at the facility. Certified Medication Aide L, hired on 06/21/23 did not have a TB symptom screen completed. had a TB symptom screen completed. On 09/06/23 at 05:22 PM Licensed Nurse B reported the TB skin test and Symptom screen should have been done when hired. Review of the "Tuberculosis Guidelines for Adult Care Homes" dated June 2013 revealed: Each new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of employment and shall receive a two-step tuberculosis skin test (TST) ... within seven days of employment. For two of five newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff	S5258		

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S5258	Continued From page 35 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)(2) The facility reported a census of eight residents. Based on record review and interview, the operator failed to provide evidence of registration, and certification check completion upon hire for four of five newly hired staff that required specialized education and training. Employee records also failed to have supporting documentation for criminal background checks being completed upon hire for four of five newly hired certified employees. This had the potential	S5258		

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S5258	Continued From page 36 to affect all residents who resided in the facility. Findings included: - Review of five newly hired employee records revealed the following: -Review of Licensed Nurse B's employee file revealed she was hired on 04/03/23 with a start work date of 04/26/23. Her record included a Licensure check completed on 06/27/23 and a Criminal Background Check completed on 06/23/23. Both checks were completed more than 50 days after she started working in the facility. -Review of Certified Medication Aide (CMA) D's employee file revealed she was hired on 06/22/23 and had a Criminal Background Check submitted on 07/07/23, 15 days after hire date. CMA D's file did not contain a registry /certification check. Administrative staff A looked for it and could not find it. On 09/07/23 at 11:44 AM Administrative Staff A acknowledged she did not have a registry check for CMA D as her folder had already been broken down and could not find all of it. -Review of CMA E's employee filed revealed she was hired on 06/19/23 as a Certified Nurse Aide and had her registry/certification checked on 06/24/23, five days after her hire date. During the survey on 09/06/23 CMA E passed medications and her employee filed did not include an additional registry/certification check to ensure she was registered to pass medications.	S5258		

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S5258	Continued From page 37 On 09/07/23 at 11:15 AM Administrative staff thought they had checked the registry after CMA E got her CMA certification. She stated she looked in different folders and was not able to find it. -Review of CMA F's employee file revealed she was hired on 11/30/22 and her employee file contained a criminal background check submitted on 07/14/23, more than seven months after her hire date. On 09/07/23 at 11:35 AM Administrative Staff A reported she thought they had done an audit and identified CMA F's criminal back ground check was missing so submitted one. -Review of CMA L's employee file revealed she was hired as a CNA on 06/21/23. The employee record failed to include evidence of completing a registry check or documentation of submitting a criminal background check. On 09/07/23 at 11:52 AM Administrative staff A stated she needed to look a little more for CMA L's employee folder. At 01:47 PM on 09/07/23 Administrative staff A reported she could not find CMA L's employee file with her registry and criminal background checks. Administrative staff F acknowledged the registry/licensure checks needed to be completed before or on the day someone is hired and so is the criminal background check. The operator failed to ensure designated staff completed registry/licensure checks for the Licensed Nurse and CMAs upon hire and failed to have documentation of submission of criminal	S5258		

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S5258	Continued From page 38 back ground checks upon hire for four of five certified staff.	S5258		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (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 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 26-42-205 (a)(1) The facility reported a census of eight resident (R)s. The sample included three residents and two focused record reviews. Based on interview, and record review for one (R5) of three sampled resident who self-administered medications, the operator failed to ensure a licensed nurse assessed the resident prior to	S5265		

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self-administering his oral medications.

Findings included:

- Review of R5's medical record revealed he moved into the facility on 06/15/23 with diagnoses of diabetes mellitus type two and end stage renal disease.

R5's "Functional Capacity Screen" dated 06/15/23 revealed the resident was independent with management of medications.

R5's "Negotiated Service Agreement" (NSA) dated 06/15/23 revealed "All medication is dispensed by medical professionals" and circled Certified Medication Aide, Licensed Practical Nurse, and Registered Nurse.

R5's "Health Care Service Plan" identified all medications were administered by medical professionals.

Review of R5's record included a self-administration assessment dated 06/17/23 for the resident to self-administer his insulin safely and accurately. It identified Certified Medication Aides were to remind the resident of the times he is to take his insulin.

Review of R5's observations notes included a physician order obtained for the resident to self-administer all medications per his request and the resident's medication administration record had been updated.

Review of R5's record lacked a Self-administration assessment for his oral

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S5265	Continued From page 40 medications prior to is self-administration of medications. On 09/06/23 at 11:02 AM Certified Medication Aide C reported the resident takes care of his own medications except for his narcotics which they administered when he asked for them. On 09/06/23 at 05:32 PM Licensed Nurse B looked through R5's medical record and acknowledged a self-administration assessment had not been completed when he started taking his oral medications. The operator failed to ensure a licensed nurse assessed R5 for his ability to self-administer his oral medications prior to R5 initially self-administering his oral medications.	S5265		
S5286 SS=D	26-42-205 (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 26-42-205 (b) The facility reported a census of eight residents.	S5286		

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S5286	Continued From page 41 The sample included three residents and two focused record reviews. Based on interview, and record review the operator failed to ensure one (R5) of three sampled residents "Negotiated Service Agreement" identified the resident self-administered his insulin and the qualified facility staff administered all other medications. Findings included: - Review of R5's medical record revealed he moved into the facility on 06/15/23 with diagnoses of diabetes mellitus type two and end stage renal disease. R5's "Functional Capacity Screen" dated 06/15/23 revealed the resident was independent with management of medications. R5's "Negotiated Service Agreement" (NSA) dated 06/15/23 revealed "All medication is dispensed by medical professionals" and circled Certified Medication Aide, Licensed Practical Nurse, and Registered Nurse. The NSA failed to include that the resident self -administered his insulin and facility staff administered all other medications. On 09/06/23 at 05:32 PM Licensed Nurse B confirmed when R5 first moved into the facility he self-administered his insulin, and the rest of his medications were administered by facility staff. The operator failed to ensure designated staff completed R5's NSA to identify he self-administered his insulin and had the rest of his medications administered by a qualified facility staff.	S5286		

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S5302 SS=E	26-42-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(4) The facility reported a census of eight residents (R). Based on interview and record review for three of four "Certified Medication Aide's" employee files, the operator failed to ensure the delegated nursing procedure for the preparing and dialing of insulin pens for each certified medication under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of the resident roster provided by Administrative Licensed Nurse B on 09/05/23 revealed two residents received insulin injections. On 09/05/23 at 01:48 PM Licensed Nurse B reported the CMA prepares and dials the insulin pen to the correct dosage and then the resident self injects it. On 09/07/23 at 11:49 AM Administrative Staff A reported she looked for delegations and if it was not in the file she did not have them.	S5302		

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S5302	Continued From page 43 The operator failed to ensure the procedure for dialing of insulin pens was delegated CMA's according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5302		
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 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 '	S5315		

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	B087116	A. BUILDING: _____ B. WING _____	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE WICHITA, KS 67208

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S5315	Continued From page 44 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 eight residents. Based on observation and interview, the operator failed to ensure staff stored medications securely to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications. Staff also failed to store medications according to manufacturer's recommendations to ensure medications were not administered beyond manufacturers recommended date of expiration. Findings included: - During initial tour on 09/05/23 at 02:28 PM Certified Medication Aide G and Licensed Nurse B unlocked the medication cart for inspection. Observations included two containers in the bottom drawer which contained the following insulin pens: Lantus Flexpen with approximately 150 units left that was dated 06/24/23, Novolog insulin Flexpen with approximately 12 units left without a date staff-initiated use of the pen, Levemir Flexpen with approximately 152 units left and no date staff initiated use of the pen. It also contained a Novolog log pen with approximately 120 units left dated 07/11/23. (Both Novolog pens were for the same resident) On 09/05/23 at 02:31 PM Licensed Nurse B	S5315		

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S5315	Continued From page 45	S5315		

stated insulin pens were supposed to include the date staff first used the pens.

According to Lantus manufacturer recommendations the Lantus Flexpen should be thrown away after 28 days, even if it still has insulin left in it.

According to Novolog manufacturer recommendations the Novolog Flexpen should be thrown away after 28 days even if insulin remains in the pen.

According to the Levemir manufacturer recommendations the Levemir FlexTouch Pen you are using should be thrown away after 42 days, even if it still has insulin left in it.

The operator failed to ensure designated staff dated insulin Flexpen when staff initiated their use to ensure they were not administered beyond manufacturers recommended date of expiration.

- Observation on 09/05/23 at 02:35 PM during initial tour revealed a small refrigerator beside the medication cart that had a lockable box on top of it. The box was not locked and contained a set of multiple keys.

Observation on 09/06/23 at 05:04 PM the Hospice nurse came into the facility, opened the unlocked box and got the keys out of it. The Hospice nurse then unlocked the locked refrigerator and got out the resident's Ativan, and then unlocked the medication cart and the narcotic box and got out the residents morphine. She then proceeded to get the residents other

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S5315	Continued From page 46 medications and prepared them to administer to the resident. When she finished she put the keys back in the unlocked box. On 09/06/23 at 06:06 PM Certified Medication Aide E opened the unlocked lock box, got out the keys and opened the medication cart and put delivered medications in the medication cart and then locked the cart and put the keys back in the unlocked box on the refrigerator. On 09/06/23 at 06:15 PM Licensed Nurse got the keys out of the unlocked box and went out to the shed in the back yard. At 6:30 PM she came back in from outside and put the keys into the box and pushed the latch down but did not lock it. On 09/07/23 at 07:52 AM the lockable box on top of the refrigerator remained unlocked and surveyor was able to open it and get the keys out without any difficulty. On 09/07/23 at 03:10 PM Administrative Staff A reported the box where the keys are kept is supposed to be kept locked if the keys are in it. The operator failed to ensure all medications were stored securely so that only Licensed Nurses and Certified Medication Aides had access to medications.	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.	S5335		

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S5335	Continued From page 47 (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 eight 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 09/06/23 revealed the facility had a census of eight residents with five of the eight residents identified as having impaired cognition. During initial tour on 09/06/23 surveyor made the following observations of unsecured chemicals, all of which had a warning label to keep out of reach of children or warning labels related to eye irritant or harmful if swallowed: At 12:51 PM - The cabinet under the kitchen sink was unlocked and partially open. It contained bottle of dish soap, dish washer pods, disinfectant wipes and a container of comet. At 01:27 PM a room with a code pad on it was not locked and had a sign on it to keep closed at all times. On the shelving unit was a bottle of	S5335		

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S5335	Continued From page 48 Fabuloso multi-purpose cleaner, spray can of Browdy disinfectant spray and spray bottle of glass cleaner. It also had plastic container of powder laundry soap sitting on the floor with a scoop in it. On 09/06/23 at 01:34 PM Licensed Nurse B stated the door was supposed to be locked and all chemicals were supposed to be in locked cabinets. The operator failed to ensure facility staff kept chemicals secured to maintain safety of residents and visitors.	S5335		