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	B059012	A. BUILDING: _____ B. WING _____	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-licensure Survey with complaint investigations 172892, 180215, and 180778 for the above named Home Plus Facility conducted on 09/18/23 and 09/19/23.	S 000		
S5171 SS=D	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 eight residents. The sample included three residents and two focused record reviews. Based on observation, interview, and record review, for one (R4) of three sampled residents, the operator failed to ensure designated staff followed professional standards of practice related to safe transfers using a mechanical full body lift. Findings included: - Review of R4's medical record revealed the resident moved into the facility on 02/06/23 with diagnosis of traumatic subdural hemorrhage. R4's "Functional Capacity Screen" dated 02/06/23 revealed the resident was unable to perform the task of transferring and identified he used a mechanical lift.	S5171		

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

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S5171	Continued From page 1 R4's "Negotiated Service Agreement" dated 02/06/23 revealed he required transfer assistance using a full lift. R4's "Service Plan" dated 02/06/23 revealed the resident required a full lift and staff assistance to transfer and push his wheelchair. Review of electronic monitoring video recording, provided by R4's Guardian included the following recording date and time stamped 06/05/23 at 07:59 PM which showed Certified Medication Aide (CMA) C in the resident's room with the hydraulic, mechanical lift at the side of the bed. CMA C proceeded to connect the sling straps to the lift and pumped the lift to raise R4 off the bed. As she raised the resident, observation revealed the sling was not a full body sling and only cover part of the resident mid back and wrapped around each leg and provided no support for his head. As CMA C continued to raise R4 off the bed, his head was much lower than his hips endangering him to potentially slide out of the sling and onto the floor headfirst. CMA C proceeded to move the resident off the bed suspended in mid air and move the reclining shower chair so that she could put the resident in the reclining shower chair. On 09/18/23 at 02:35 PM CMA B reported when the resident gets in and out of bed to his chair or shower chair, they use the mechanical lift and full body sling with one person transferring him. On 09/18/23 at 02:49 PM Administrative staff A confirmed R4 is transferred in and out of bed to the wheelchair and vice versa using assistance of one staff and a full mechanical lift.	S5171		

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S5171	Continued From page 2 Review of the Food and Drug Administration (FDA) "Patient Lifts Safety Guide" included the following guidelines for use of mechanical lifts: Choose the proper sling bar/sling combination that will place the patient at a safe angle. Most lifts require two or more caregivers to safely operate the lift and handle the patient. Lift the patient two inches off the surface to make sure patient is secure and check to make sure the patient will not slide out of sling or tip backwards or forwards. The operator failed to ensure staff followed professional standards of practice related to transferring R4 using a mechanical lift.	S5171		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced	S5185		

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S5185	Continued From page 3 by: KAR 26-42-206 (c) 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 one (R4) of one sampled residents record who received a therapeutic diet included approved instructions from a medical care provider or licensed dietitian on how to prepare R4's pureed diet. Findings included: - Review of R4's medical record revealed he moved into the facility on 02/06/23 with diagnoses of dysphagia and traumatic subdural hemorrhage. . R4's "Functional Capacity Screen" dated 02/06/23 revealed the resident required physical assistance with eating. R4's "Negotiated Service Agreement" (NSA) dated 02/06/23 identified the staff needed to assist the resident to eat and to provide a pureed diet. Review of R4's physician orders dated 07/28/23 to return to pureed diet with thickened liquids and to give Jevity (liquid supplement) if eats less than 50 % of his meal. His record included another order dated 08/03/23 to return to a pureed diet with thin liquids. On 09/19/23 at 11:41 AM CMA B reported the residents is on a pureed diet and can have	S5185		

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S5185	Continued From page 4 regular thin liquids. CMA B stated she used the mixer to prepare his meals and if it is a little too thin then add some thickener and if too dry will add milk or other juices from the meal. She stated they did not have any kind of printed directions for how to prepare a pureed meal. On 09/19/23 at 11:56 AM Administrative Staff A confirmed the resident was on a pureed diet and stated she did not realize he needed to have pureed diet directions approved by a dietitian or a physician. The operator failed to ensure R4's record included approved instructions from a medical care provider or licensed dietitian on how to prepare a pureed diet.	S5185		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S5192		

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S5192	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of eight residents. Based on observation, interview, and record review the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - Observation on 09/18/23 at 01:26 PM surveyor went into the kitchen and microwave contained two plates of food for the noon meal. One plate had green beans, some type of meat with sauce on it and a piece of pie, the other plate was covered and unable to see what was on the plate. At 01:27 PM Certified Medication Aide (CMA) B brought R7 into the dining room and heated one of the plates that was in the microwave for 30 seconds. CMA B then cut the meat up and put it back into the microwave for 15 seconds. She then took the plate to the resident without checking the temperature of the food before serving it. On 09/18/23 at 01:33 PM CMA B stated she knewknight shift took temperatures of the refrigerators but did not ever take temperatures of the foods as she cooked them. She acknowledged there was no type of log for recording food temperatures. On 09/19/23 at 01:45 PM Administrative Staff A confirmed the facility did not have any kind of food temperature log and did not realize they needed to check the temperature of the food	S5192		

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S5192	Continued From page 6 when cooked. The operator failed to have evidence to show foods are prepared and served at the proper and safe temperatures.	S5192		
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 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 eight residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observation during initial tour on 09/18/23 at 01:39 PM revealed the following food items not stored in a safe and sanitary manner: In the dry goods storage room on the shelf was an open box of lasagna noodles that was not sealed, an open package of peanut butter crackers with one of the packages open and crackers exposed to open air and potential pests.	S5195		

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S5195	Continued From page 7 In the tall white freezer was a plastic container labeled ham and beans but did not include a date, a plastic container with frozen liquid about 1/4 full without a date or label on it, an ice-cream container labeled carrots and potatoes dated 06/04, another plastic ice-cream container with a partial label identifying carrots dated 02/26, and a bag of okra that at some point had melted and refroze with a best use by date of 07/21/22. In the small chest freezer, it lacked a thermometer and contained the following items not stored properly: an open bag of chimichangas with one left in it and not sealed, a frozen bag of beer battered fish fillets stuck to the bottom of the freezer with a use by date of 07/03/22. There were other bags of food under the ice, but surveyor was unable to pry them off the bottom of the freezer. In the large chest freezer were two baggies that contained cut in half chubs of hamburger that did not include a date of when they were put in the freezer. It also contained two open bags of chicken breasst without an open date on them. In the refrigerator freezer there was not a thermometer in either the freezer or the refrigerator. The freezer section contained juices and all containers were frozen. The refrigerator section on the bottom shelf had a tray with a package of thawed hamburger and a baggie with thawed chicken breast on the same tray. The package of hamburger did not have a date that it was taken out of the freezer or a consume by date on the package. When surveyor moved the tray of meat, under it was wet with red blood, possibly from the bag of thawed hamburger and	S5195		

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S5195	Continued From page 8	S5195		

dried blood under the edges of the glass shelving.

On 09/18/23 at 02:11 PM Certified Medication Aide (CMA) B reported if leftovers are put in the refrigerator, they are supposed to have a label on it identifying what it is and the date and then we throw it out if not used in three days. She looked at the items that were in the tall freezer and acknowledged they were not dated or labeled and should have been. CMA B opened the ice-cream container labeled roast and carrots dated 02/26 which revealed dried out, freezer burnt foods and she stated it was not any good. The small chest freezer: she acknowledged the opened bag of chimichangas should have been resealed. CMA stated the freezer belonged to one of the residents and staff got stuff out of it when he wanted it. The large chest freezer CMA B stated when she put the hamburger in the baggies, she normally wrote the date on it as to when she put the hamburger in the freezer. CMA B also stated the blood on the bottom shelf of the refrigerator needed a good cleaning.

On 09/18/23 at 02:20 PM Administrative Staff A acknowledged leftovers stored in the freezer or refrigerator needed to be labeled and dated but did not know how long they were good for in the freezer. She acknowledged foods needed to be sealed when opened and had remaining food in the bag/container. As soon as the surveyor opened the refrigerator she sated "oh, that is a problem" looking at the blood on the bottom shelf of the refrigerator.

Review of the Kansas Department of Agriculture 2017 Focus on Food Safety revealed the

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S5195	Continued From page 9 following guidelines for food storage: Food must be date marked if it is prepared on-site, or commercially processed, after the original container is opened and held under refrigeration, a potentially hazardous (TCS) food item, a ready-to-eat food item, or if held for more than 24 hours. When food is removed from the freezer, it needs marked with a "consume by" date that is seven days minus the length of time food was refrigerated before being frozen. The operator failed to ensure all foods were stored in a safe manner.	S5195		
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.	S5265		

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S5265	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1) 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 for one (R4) of one resident who self-administer medications including insulin, the operator failed to ensure a Licensed Nurse (LN) assessed the resident annually to ensure the resident could perform the function safely and accurately without staff assistance. Findings included: Review of R4's medical record revealed he moved into the facility on 05/25/20 with diagnosis of diabetes mellitus type two. R4's "Functional Capacity Screen" dated 05/18/23 revealed he was independent with management of his medications but unable to manage his medical treatments. R4's "Negotiated Service Agreement" dated 05/18/23 also identified the resident was independent with medication administration. Review of R4's medical record included an assessment for self-administration of medications dated 05/22/22 but did not include one for 2023. On 09/19/23 at 01:30 PM Administrative Staff A looked through the resident's records and confirmed she had not completed an annual	S5265		

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S5265	Continued From page 11 assessment for R4 to be able to self administer his medications including his insulin. The operator failed to ensure a licensed nurse assessed R4 ability to self-administer his medications at least annually.	S5265		
S5302 SS=D	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. Based on interview and record review for three of three certified medications aides employees, the operator failed to ensure a Licensed Nurse delegated the nursing procedure for the administration of medications via peg-tube for each certified medication under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Interview on 09/19/23 at 12:00 PM with Administrative Staff A, reported that when R4 came to the facility Certified Medication Aides and Licensed Nurses would give R4	S5302		

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S5302	Continued From page 12 supplemental feedings and his medications through his PEG tube (surgically inserted tube into the stomach through the abdominal wall for nutrition). On 09/19/23 at 12:00 PM Surveyor requested to review the delegation for three current Certified Medication Aides who had administered medications and/or nutritional supplementation for R4. On 09/19/23 at 12:10 PM Administrative Staff A reported she remembered going over PEG tube care with all of the staff but did not have any paperwork on delegating PEG tube management to them. The operator failed to ensure Certified Medication Aides were properly trained on the procedure for administration of nutritional supplementation and the administration of medications via peg-tube for R4.	S5302		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that	S9999		

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S9999	Continued From page 13	S9999		

the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

This Requirement is not met as evidenced by:

Scope and Severity of D.

The facility reported a census of eight residents(R). The sample included three residents and two focused record reviews. Based on record review, and interview, the operator failed to ensure R4's complete the required paperwork for Authorized Electronic Monitoring in the resident's room.

Findings included:

- During initial tour on 09/18/23 t 01:32 PM surveyor knocked and went into R4's room to see where the video monitoring device was set up. Surveyor did not see any type of device in the resident's room.

On 09/18/23 at 02:35 PM Certified Medication Aide B reported the resident used to have a video camera in his room but there was some kind of incident that happened, and the operator had it taken out of the room.

On 09/18/23 at 02:49 PM Administrative Staff A acknowledged the guardian had put a video camera in R4's room so that he could keep an eye on him from home. Administrative staff A stated she had to communicate with the Stand-by guardian as there were concerns with the camera usage with R4's primary guardian. Administrative Staff A reported the Stand-by

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HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

(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
S9999	Continued From page 14 guardian is the one who said she wanted the camera covered while providing incontinent care and then later said she wanted the camera removed from the room. On 09/20/23 at from 09:20 AM to 10:10 AM Surveyor went through R4's paper medical record including his admission paperwork and consent forms. The record lacked the appropriate completion of paperwork required by the state regarding having authorized electronic monitoring in a resident's room. On 09/20/23 at 11:47 AM surveyor requested forms and a policy for electronic monitoring from Administrative Staff A via email as she was not at currently at the facility. As of 09/20/23 at 03:30 PM surveyor had not received evidence of the facility completing the required forms for electronic monitoring. The operator failed to ensure all the required forms related to Authorized Electronic Monitoring were completed and in the resident's record.	S9999		