STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075005	A. BUILDING: _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	105 N HIGHWAY 99 WESTMORELAND, KS 66549

(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 the licensure resurvey for the above named facility conducted on 10/31/23 and 11/01/23.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (a) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2 and 3. Based on interview and record review the administrator failed to ensure R3 "Negotiated Service Agreement" (NSA) was based on R3's current "Functional Capacity Screen" (FCS), that	S3085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3085	Continued From page 1 included a description of the services R3 would receive. Findings included: - Record review for R3 revealed an admission date of 05/13/22 with diagnoses of Urinary tract infection, osteoporosis, unspecified dementia, essential hypertension, and anemia. Review of R3's "Functional Capacity Screen" (FCS) dated 08/07/23 identified R3 required physical assistance with bathing, transferring, and walking, and supervision with dressing and toileting. She lacked the ability to manage her own medications and was usually continent of her bladder. She had impaired memory recall and was usually able to make herself understood and she usually understood others. She was marked with falls and impaired vision. She used a walker mobility device. In the comments section it stated R needed physical assistance with 1 person due to post open reduction internal fixation recovery. Review of R3's "Negotiated Service Agreement" (NSA) dated 08/07/23 had check marks by the following health services the facility would provide: management of medications and treatments, bathing, ambulation, transfers, dressing, cognition and safety. R3's NSA lacked a description of the services and who was going to provide the services for physical assistance with bathing, transferring, and walking. It further lacked a description for supervision with dressing and toileting.	S3085		

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S3085	Continued From page 2 Review of R3's "Health Service Plan" (HSP) dated 08/07/23 instructed facility staff to provide assistance with R3's ambulation while using a walker, and transfers. R3 was marked a "yes" for falls. The HSP lacked instructions/interventions to reduce R3 fall risk. The HSP was marked that R3 was "Continent and Independent" with toileting. The HSP stated R3 required minimal assistance with bathing, it continued to state, "Someone Present", and she required limited participation in bathing. R3's HSP lacked instructions/interventions to reduce her risk for falls. The health service plan did not match the FCS for toileting and bathing. Interview on 11/01/23 at approximately 05:00 PM, Administrator A confirmed the NSA did not identify a description of the health services based off R3's FCS. The administrator failed to ensure R3 "Negotiated Service Agreement" (NSA) was based on R3's current "Functional Capacity Screen" (FCS), that included a description of the health services R3 would receive	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the	S3155		

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S3155	Continued From page 3 negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2 and 3. Based on interview and record review the administrator failed to ensure R3 had interventions in place when she readmitted to the facility from a skilled rehabilitation unit after having a fall with a fracture. After R3 readmitted to the facility, she sustained five more falls, one which resulted in a laceration of the right earlobe. Findings included: - Record review for R3 revealed an admission date of 05/13/22 with diagnoses of Urinary tract infection, osteoporosis, unspecified dementia, essential hypertension, and anemia. Review of R3's "Functional Capacity Screen" (FCS) dated 08/07/23 identified R3 required physical assistance with bathing, transferring, and walking, and supervision with dressing and toileting. She lacked the ability to manage her own medications and was usually continent of her bladder. She had impaired memory recall and was usually able to make herself understood and she usually understood others. She was	S3155		

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S3155	Continued From page 4	S3155		

marked with falls and impaired vision. She used a walker mobility device. In the comments section it stated R needed physical assistance with 1 person due to post open reduction internal fixation recovery.

Review of R3's "Negotiated Service Agreement" (NSA) dated 08/07/23 had check marks by the following health services the facility would provide: management of medications and treatments, bathing, ambulation, transfers, dressing, cognition and safety.

R3's NSA lacked a description of the services.

Review of R3's "Health Service Plan" (HSP) dated 08/07/23 instructed facility staff to provide assistance with R3's ambulation while using a walker, and transfers. R3 was marked a "yes" for falls. The HSP lacked instructions/interventions to reduce R3 fall risk. The HSP was marked that R3 was "Continent and Independent". The HSP stated R3 required minimal assistance with bathing, it continued to state "Someone Present", and she required limited participation in bathing.

R3's HSP lacked instructions/interventions to reduce her risk for falls. The health service plan did not match the FCS for toileting and bathing.

Review of R3's electronic medical record under the "Progress Notes" tab revealed the following entries:

07/16/23 at 06:57 PM The facility nurse called the hospital after the resident had been sent out following a fall. The hospital representative informed the facility staff that the resident had

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S3155	Continued From page 5	S3155		

surgery on her right hip and there were two dressings in place on the right hip. The hospital representative continued to state that R3 resident would be in the hospital for a couple of days.

07/20/23 at 09:46 AM R3 remained in the hospital at this time recovering from hip surgery.

08/07/23 at 10:50 AM R3 readmitted to the facility. R3 was able to stand with minimal assistance at the edge of the recliner. R3 appeared to be at her baseline which included supervision and cueing for activities of daily living.

08/09/23 at 02:55 AM R3 was ambulating slowly throughout her apartment. Her gait was noted as unsteady and she required significant assistance to ensure her safety. R3 commented her right leg is numb at times.

08/10/23 at 00:01 AM R3 continued to complain of pain to her hip. Facility staff report R3 having difficulty with ambulation related to pain.

08/15/23 at 01:46 AM The facility nurse was called to R3's room where R3 was found sitting on the floor with her back up against the recliner and her legs out in front of her. R3 was assisted to a standing position by two facility staff.

08/17/23 at 05:31 PM R3 slipped out of her recliner in her apartment and was found sitting on her buttocks with her back against the "footrest" of the recliner. She had a laceration to the right ear lobe.

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S3155	Continued From page 6 10/01/23 at 03:50 PM at 09:15 AM resident went to sit down and missed her recliner. R3 was able to report to staff how she was on the floor. At 03:00 PM the support staff heard a bump in R3 room and found R3 between her chair and the wall. R3 landed on a small end table and broke a leg off the table. The support staff stated she had been "one on one" with R3 as she felt she was unsafe, but she had gone to clean another resident room. 10/02/23 at 09:30 AM "Certified Medication Aide" (CMA) found R3 sitting on her bottom in front of her television stand. 10/04/23 at 02:58 PM resident provider provides order for antibiotic for urinary tract infection. Review of facility provided document to the primary care provider dated 07/17/23. The communication included the fall on 07/17/23. It stated that the resident called out for help and was found on the floor in her shower stall facing the bathroom. R3 stated she was getting up to use the restroom and did not remember what caused the fall. Her walker was not with her. Interview on 11/01/23 at approximately 05:00 PM with administrator A, confirmed HSP lacked interventions/instructions to reduce R3's risk for falls. The administrator failed to ensure R3 had interventions in place when she readmitted to the facility from a skilled rehabilitation unit after having a fall with a fracture. After R3 readmitted to the facility, she sustained five more falls, one which resulted in a laceration of the right	S3155		

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S3155	Continued From page 7 earlobe.	S3155		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family 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: K.A.R. 26-41-205 (a)(1) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2, and 3. Based on interview and record review the administrator failed to ensure that a self-administration of medication assessment was performed annually for R1 that determined she could self-administer her own insulin and "Over-the -Counter" (OTC) medications safely and accurately without staff assistance.	S3175		

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S3175	Continued From page 8	S3175		

Findings included:

- Record review for R1 revealed an admission date of 10/11/2019 with diagnoses of malignant neoplasm of specified part of the left bronchus or lung, peptic ulcer, duodenal ulcer, hypokalemia, type 2 diabetes, repeated falls, hypertension, and muscle weakness.

Review of R1 "Functional Capacity Screen" (FCS) dated 07/18/23 identified R1 lacked the ability to manage her own medications and was marked as administering her own insulin.

Review of R1 "Negotiated Service Agreement" (NSA) dated 07/18/23 revealed under supervised nursing services the facility would manage R1 medications.

Review of R1 "Health Service Plan" (HSP) dated 07/18/23 did not identify who administered R1 medications, it was marked that R1 required injections, took "Over-the-Counter" (OTC) medications, and took prescription medications.

Review of R1 electronic medical record under the "Forms "tab was the following document: "Medication Self - Administration Safety Screen" dated 07/06/22. The medications listed were Miralax 17 grams as needed every 24 hours, "insulins", and "OTC meds she buys herself".

The "Medication Self - Administration Safety Screen" did not identify the provider ordered insulins, and further failed to identify the OTC medications R1 purchased on her own.

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S3175	Continued From page 9 The electronic medical record lacked an annual self-administration of medication assessment. Interview on 11/01/23 at approximately 05:00 PM with administrator A, she confirmed the resident had the following OTC and insulin medications in her room that she self-administered: Flonase nasal spray 60 micrograms, Probiotic Capsule, Systane Complete eye drops, Calcium Citrate, Vitamin B, Levemir Solution 100 unit per milliliter, and NovoLog Flex pen 100 units per milliliter. The administrator failed to ensure that a self-administration of medication assessment was performed annually for R1 that determined she could self-administer her own insulin and "Over-the -Counter" (OTC) medications safely and accurately without staff assistance.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced	S3186		

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S3186	Continued From page 10 by: K.A.R. 26-41-205 (b) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2, and 3. Based on interview and record review the administrator failed to ensure that R1 "Negotiated Service Agreement" (NSA) identified the medications the facility would administer, and further failed to identify the medications R1 would self-administer. Findings included: - Record review for R1 revealed an admission date of 10/11/2019 with diagnoses of malignant neoplasm of specified part of the left bronchus or lung, peptic ulcer, duodenal ulcer, hypokalemia, type 2 diabetes, repeated falls, hypertension, and muscle weakness. Review of R1 "Functional Capacity Screen" (FCS) dated 07/18/23 identified R1 lacked the ability to manage her own medications and was marked as administering her own insulin. Review of R1 "Negotiated Service Agreement" (NSA) dated 07/18/23 revealed under supervised nursing services the facility would manage R1 medications. Review of R1 "Health Service Plan" (HSP) dated 07/18/23 did not identify who administered R1 medications, it was marked that R1 required injections, took "Over-the-Counter" (OTC) medications, and took prescription medications.	S3186		

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S3186	Continued From page 11 Review of R1 "Electronic Medication Administration Record" revealed the following orders: Flonase Suspension 60 micrograms 1 spray in each nostril in the morning, unsupervised self-administration. Levemir Solution 100 units per milliliter, inject 10 units subcutaneously at bedtime, unsupervised self-administration. Probiotic Capsule give 1 capsule by mouth in the morning, unsupervised self-administration. NovoLog Flex Pen 100 units per milliliter, inject 12 units subcutaneously before meals, unsupervised self-administration. Systane Complete Solution 0.6%, instill 1 drop in both eyes four times a day, unsupervised self-administration. Interview on 11/01/23 at approximately 05:00 PM with administrator A, she confirmed the resident had the following OTC and insulin medications in her room that she self-administered: Flonase nasal spray 60 micrograms, Probiotic Capsule, Systane Complete eye drops, Calcium Citrate, Vitamin B, Levemir Solution 100 unit per milliliter, and NovoLog Flex pen 100 units per milliliter. The administrator failed to ensure that R1 "Negotiated Service Agreement" (NSA) identified the medications the facility would administer, and further failed to identify the medications R1 would self-administer.	S3186		

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S3200	Continued From page 12	S3200		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2, and 3. Based on interview and record review the administrator failed to ensure that all medications were administered to R1 in accordance with professional standards of practice and the medical providers written order. Findings included:	S3200		

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S3200	Continued From page 13 - Record review for R1 revealed an admission date of 10/11/2019 with diagnoses of malignant neoplasm of specified part of the left bronchus or lung, peptic ulcer, duodenal ulcer, hypokalemia, type 2 diabetes, repeated falls, hypertension, and muscle weakness. Review of R1 "Functional Capacity Screen" (FCS) dated 07/18/23 identified R1 lacked the ability to manage her own medications and was marked as administering her own insulin. Review of R1 "Negotiated Service Agreement" (NSA) dated 07/18/23 revealed under supervised nursing services the facility would manage R1 medications. Review of R1 "Health Service Plan" (HSP) dated 07/18/23 did not identify who administered R1 medications, it was marked that R1 required injections, took "Over-the-Counter" (OTC) medications, and took prescription medications. Review of R1 electronic medical record under the "Electronic Medication Administration Report" (E-mar) revealed the following order: Levothyroxine Sodium Tablet 112 micrograms, give one tablet daily by mouth one time a day related to hypothyroidism. The daily administration time is identified as 05:00 AM. The month of 10/23 revealed the following days that lacked documentation stating the Levothyroxine was administered: 10/08/23, 10/15/23, 10/24/23 and 10/31/23. Interview on 11/01/23 at approximately 05:00 PM	S3200		

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S3200	Continued From page 14 with administrator A, she confirmed the lack of documentation for R1's administration of 05:00 AM Levothyroxine. The administrator failed to ensure that all medications were administered to R1 in accordance with professional standards of practice and the medical providers written order for her Levothyroxine.	S3200		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (d) The facility reported a census of 11 residents.	S3298		

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	N075005	A. BUILDING: _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	105 N HIGHWAY 99 WESTMORELAND, KS 66549

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S3298	Continued From page 15 Based on interview and record review the operator failed to ensure qualified facility staff served meals at the appropriate temperatures. Findings included: - Interview on 10/31/23 at 11:45 AM with Administrator A, she confirmed the meals were prepared in the long-term care kitchen and brought over to the assisted living dining room. She stated the food temperatures were obtained prior to leaving the main kitchen, and the food temperatures were to be obtained again prior to serving the food to the residents. Record review of the facility documents titled "Weekly Food Temperature Log" revealed the following: Week of 09/03/23 to 09/09/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The only lunch food temperatures obtained were on 09/09/23. The dinner section lacked food temperatures being obtained on 09/03/23, 09/06/23 and 09/08/23. Week of 09/10/23 to 09/16/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section had only one entry for food temperatures being obtained prior to serving the residents on	S3298		

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S3298	Continued From page 16 09/10/23. The dinner section lacked food temperatures being obtained on 09/11/23 and 09/16/23. Week of 09/17/23 to 09/23/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section of the document lacked any entries for temperatures obtained prior to serving the resident's lunch. The dinner section lacked food temperatures being obtained on 09/17/23, 09/18/23 and 09/22/23. Week of 09/24/23 to 09/30/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section had only one entry for food temperatures being obtained prior to serving the residents on 09/24/23. The dinner section lacked food temperatures being obtained on 09/25/23, 09/27/23, and 09/30/23. Week of 10/01/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section had only one entry for food temperatures being obtained prior to serving the residents on 10/07/23. The dinner section lacked food temperatures being obtained on 10/01/23, 10/04/23, and 10/06/23.	S3298		

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S3298	Continued From page 17 Week of 10/08/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section of the document lacked any entries for food temperatures obtained prior to serving the resident's lunch. The dinner section lacked food temperatures being obtained on 10/09/23, 10/11/23, and 10/14/23. Week of 10/29/23 The breakfast section of the document lacked any entries for food temperatures obtained prior to serving the resident's breakfast. The lunch section had only one entry for food temperatures being obtained prior to serving the residents on 10/31/23. The dinner section had only one entry for food temperatures being obtained prior to serving the residents on 10/31/23. The administrator failed to ensure qualified facility staff served meals at the appropriate temperatures.	S3298		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;	S3310		

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S3310	Continued From page 18 (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of 11 residents. The sample included 3 "Residents'" (R's)1, 2 and 3, and 5 newly hired employees. Based on record review and interview the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R's 1, 2 and 3. Findings included: - Record review for R1 revealed an admission date of 10/11/2019 with diagnoses of malignant neoplasm of specified part of left bronchus or lung, peptic ulcer, duodenal ulcer, hypokalemia, type 2 diabetes, repeated falls, hypertension, and muscle weakness. Review of R1 electronic medical records under the "Forms" tab revealed a document titled "TB Questionnaire/Screen" and was dated 05/23/22.	S3310		

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S3310	Continued From page 19 The electronic record for R1 lacked documentation for a current annual TB screen. - Record review for R2 revealed an admission date of 11/30/20 with diagnoses of pain in left hip, elevated blood pressure without hypertension anemia, hypoglycemia, alcohol abuse, glaucoma, and diverticulitis. Review of R2 electronic medical records under the "Forms" tab revealed a document titled "TB Questionnaire/Screen" and was dated 05/20/22. The electronic record for R2 lacked documentation for a current annual TB screen. - Record review for R3 revealed an admission date of 05/13/22 with diagnoses of Urinary tract infection, osteoporosis, unspecified dementia, essential hypertension, and anemia. Review of R3 electronic medical record under the "Immunizations" tab revealed the first step of the required two step TB test was administered on 05/23/22 with a negative result. The second step of the required two step TB test was administered on 06/13/22 and status was marked as "Historical". The electronic record for R3 lacked documentation for a negative result on the second step of the required two step TB test, and the electronic record further lacked the completion of an annual TB screen. Interviw on 11/01/23 at approximately 05:00 PM with administrator A, she confirmed R's 1,2, and	S3310		

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S3310	Continued From page 20 3 records lacked documentation for the current annual TB screenings. The administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R's 1, 2 and 3.	S3310		