STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N056012	A. BUILDING: _____ B. WING _____	01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF EMPORIA	1200 W 12TH AVENUE EMPORIA, KS 66801

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey with complaint investigations 177894 and 177989 for the above named Assisted Living facility conducted on 01/23/24 and 01/24/24.	S 000		
S3225 SS=E	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l) The facility reported a census of 24 residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for two (R3 and R5) of three sampled residents who had the facility administer their medications.	S3225		

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

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S3225	Continued From page 1 Findings included: - R3 moved into the facility on 01/03/22 with diagnoses of peripheral vascular disease and osteoarthritis. On 01/23/24 at 01:26 PM Administrative Staff A reported if the "Functional Capacity Screen" and "Negotiated Service Agreement" were completed in the electronic medical record they are one document (FCS/NSA). R3's FCS/NSA dated 10/31/23 revealed the resident needed physical assistance with management of her medications and medical treatments. It also identified nurses prepared and administered her medications. Review of the pharmacy notebook included the following pharmacy reviews for R3: 09/30/22,, 12/31/22, 03/31/23 and 06/30/23. R3's medication regimen had not been reviewed since 06/30/23. On 01/24/24 at 10:39 AM Administrative Staff A reported when the facility changed ownership the pharmacist was supposed to come right before but did not because of financial reasons related to the prior owners. They are now in the process of completing the reviews today and will get the report to us next week. Administrative Staff A acknowledged they missed two quarters of getting the reviews completed. The operator failed to ensure pharmacy reviews were completed quarterly for R3 whose medications were administered by facility staff.	S3225		

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S3225	Continued From page 2 - R5 moved into the facility on 10/23/19 with diagnoses of Parkinson's disease and hypertension. R5's "Functional Capacity Screen" dated 10/12/23 revealed she was unable to manage her medications or medical treatments. R5's most current "Negotiated Service Agreement" dated 07/08/23 identified staff were responsible for managing all of the resident's medications except for Miralax (laxative), her eye drops, and her thyroid medication. Review of the pharmacy notebook included the following pharmacy reviews for R5: 09/30/22, 12/31/22, 03/31/23 and 06/30/23. R3's medication regimen had not been reviewed since 06/30/23. On 01/24/24 at 10:39 AM Administrative Staff A reported when the facility changed ownership the pharmacist was supposed to come right before but did not because of financial reasons related to the prior owners. They are now in the process of completing the reviews today and will get the report to us next week. Administrative Staff A acknowledged they missed two quarters of getting the reviews completed. The operator failed to ensure pharmacy reviews were completed quarterly for R5 whose medications were administered by facility staff.	S3225		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents	S3261		

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S3261	Continued From page 3 (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 24 residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure two (R3 and R5) of three sampled residents records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken. Findings included: - R3 moved into the facility on 01/03/22 with diagnoses of peripheral vascular disease and osteoarthritis. On 01/23/24 at 01:26 PM Administrative Staff A reported if the "Functional Capacity Screen" and "Negotiated Service Agreement" were completed in the electronic medical record they are one document (FCS/NSA). R3's FCS/NSA dated 10/31/23 revealed the resident needed physical assistance with management of her medications and medical treatments. It also identified nurses prepared	S3261		

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S3261	Continued From page 4 and administered her medications. Review of R3's progress notes, electronic and paper, included the following documentation: 01/09/23 - redness to right and left 4th toes. 01/12/23 - toes with redness and swelling continue - treatment done twice a day. The record lacked further documentation until 03/31/23 when R3 went to the physician and got a new order to treat toes and right ankle with Neosporin and to start and antibiotic for 10 days. 05/15/23 - appointment with physician to follow up on left elbow pain and swelling. The record lacked prior documentation of the resident having left elbow pain and swelling and had no further documentation until 06/05/23 after seeing the physician. 06/02/23 the record identified resident saw podiatrist on 06/01/23 with new treatment orders for wound on right ankle. The record lacked follow up on the ankle, description of the wound, measurements and if it healed. 07/13/23 - resident seen in emergency room for vertigo. The record lacked a description of what happened to cause the resident to need to go to the emergency room. 07/14/23 - meclizine started for dizziness. 07/18/23 - physician visit and resident with continued dizziness so can have the second dose of Meclizine at noon. The record lacked documentation if the medication was helping or if changing the times made any difference. 07/30/23 - new order to start antibiotic for seven days for a urinary tract infection. The record lacked a description of any symptoms	S3261		

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S3261	Continued From page 5	S3261		

the resident had or follow up if the symptoms resolved.
08/03/23 - resident had a fall which resulted in a fracture left hip and she went to rehabilitation facility.
The record lacked documentation of when the resident returned to the facility, and what was her condition upon return.
12/15/23 - seen by primary physician for wound treatment. changed dressing and wound has slowly improved.
The record lacked identification of when the wound was initially found, measurements and a description of the wound.
12/29/23 - increased confusion and complaints of burning on urination, requested urinalysis.
The record lacked information if a urinalysis was ever obtained or if the resident's symptoms improved.

On 01/24/23 at 11:06 AM Administrative Licensed Nurse B reported she expected documentation in the chart to reflect when changes happen. She expected wound documentation to be done every seven days. After reviewing nursing progress notes and documentation as identified above, Administrative Licensed Nurse acknowledged the record lacked documentation as it should be done. Would expect nursing documentation every 7 days either in the NN or on a skin assessment in PCP.

The operator failed to ensure designated staff documented all symptoms of illness, incidents, what action was taken and effectiveness of that action.

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S3261	Continued From page 6 - R5 moved into the facility on 10/23/19 with diagnoses of Parkinson's disease and hypertension. R5's "Functional Capacity Screen" dated 10/12/23 revealed R5 was independent with activities of daily, had no cognitive impairment, but was unable to manage her medications or medical treatments. R5's most current "Negotiated Service Agreement" dated 07/08/23 identified staff were responsible for managing all of the resident's medications except for Miralax (laxative), her eye drops, and her thyroid medication. Review of R5's nursing progress notes revealed the following: 06/27/23 - received fax back regarding non-injury fall on 06/25 with order for Tylenol 500 milligrams 1-2 as needed for pain. The record lacked documentation of her having the fall prior to this and any documentation of pain for the need for Tylenol. 08/28/23 - seen by medical provider for painful bump on left side of scalp, new order for antibiotics for 10 days. The record lacked follow up if the painful bump resolved, and any other symptoms related to it. On 01/24/24 at 12:15 PM Administrative Licensed Nurse acknowledged documentation in R5's chart did not include all symptoms, what was done and effectiveness of what was done. The operator failed to ensure designated staff documented all symptoms of illness, incidents, what action was taken and effectiveness of that	S3261		

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S3261	Continued From page 7 action.	S3261		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 24 residents. Based on observation and interview the operator failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - Observations during initial tour on 01/23/24 revealed the following: The pantry area in the facility kitchen had plastic tubs of cereal with labels on the side of the tubs. Two of the cereals had a use by date of 01/11/24. The triple refrigerator had a Boston pie with only two slices left that was not dated, and an open bag of partially cooked potato chunks not dated or sealed. On the second shelf was a tray with a plastic bin with meat juices in the bottom of it, that contained an undated package of loosely wrapped sliced ham, package of bologna,	S3299		

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S3299	Continued From page 8 package of diced ham, and an undated/unlabeled loosely saran wrapped of either chicken or turkey slices. There were also four plastic containers on the top shelf that had lids that did not fit properly to seal the food stored in them. On 01/23/24 at 12:34 PM Dietary staff C reported all food items in the refrigerator were supposed to be sealed properly and dated when put in the refrigerator unless they were to be used within 24 hours. She also confirmed the label on the dry cereal said it was outdated and did not realize you were not supposed to put different types of meat in the same container. The administrator failed to ensure designated staff stored foods in manner to ensure they were discarded by their use by date and failed to ensure all foods were sealed, dated, and labeled when stored in the refrigerator.	S3299		