STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087183	A. BUILDING: _____ B. WING _____	02/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHENEY GOLDEN AGE HOME PLUS	802 NORTH MAIN STREET CHENEY, KS 67025

(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 for the above named Home Plus conducted on 02/22/24 and 02/26/24.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(b) The facility reported a census of eight residents. The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure a licensed nurse assessed one (R6) of three sampled residents whose functional capacity	S5080		

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

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S5080	Continued From page 1 screen indicated the need for health care services. Findings included: - Review of R6's medical record revealed she moved into the facility on 12/16/23 with diagnosis of diabetes mellitus type II. R6's "Functional Capacity Screen (FCS) dated 12/16/23 revealed she required physical assistance with b bathing, dressing, toileting, and was unable to manage her medications or medical treatments. She also had bladder incontinence, impaired cognition, a risk for falls and impaired hearing. R6's FCS determined that she needed health care services related to her activities of daily living as well as medication administration. On 02/26/24 at 02:15 PM Administrator/Licensed Nurse A reported she did not realize a Licensed had to sign the FCS. The administrator failed to ensure a licensed nurse assessed R6 whose FCS indicated she needed health care services.	S5080		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives	S5085		

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S5085	Continued From page 2 assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(1) The facility census totaled eight residents (R). The sample included three residents and one focused record review. Based on record review and interview the administrator failed to ensure designated staff completed two (R3 and R5) of three sampled resident's "Functional Capacity Screen" at least every 365 days. Findings included: - R3's medical record revealed she moved into the facility on 02/13/20 with diagnoses of hypertension and postpolio syndrome. R3's record included one "Functional Capacity Screen" (FCS) completed on 02/21/23 identifying it had not been completed every 365 days. On 02/26/24 at 01:57 PM Administrative Certified Medication Aide B acknowledged it had not been completed every 365 days. The administrator failed to ensure designated staff completed the resident's functional capacity screen at least every 365 days. - R5's medical record revealed she moved into the facility on 09/25/20 with diagnosis of dementia.	S5085		

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S5085	Continued From page 3 R5's record included "Functional Capacity Screens" (FCS) completed on 10/29/21 and 09/24/22. The electronic record and paper record did not include a FCS completed after 09/24/22. On 02/26/24 at 01:45 PM Administrator/Licensed Nurse A reviewed R5's electronic and paper record and acknowledged a FCS was not completed after 09/24/22. She reported they are to be completed at admission and annually. The administrator failed to ensure designated staff completed the resident's functional capacity screen at least every 365 days.	S5085		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced	S5105		

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S5105	Continued From page 4 by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of eight residents(R). The sample included three residents. Based on interview, and record review for three (R3, R4 and R5) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's service needs that included identification of services provided, the provider of the service, and party responsible for payment related to the outside service of podiatry, labs, and x-ray services. Findings included: - R3's medical record revealed she moved into the facility on 02/13/20 with diagnoses of hypertension and postpolio syndrome. R3's "Functional Capacity Screen" (FCS) completed on 02/21/23 she required physical assistance with all activities of daily living except for eating. R3's "Negotiated Service Agreement" (NSA) dated 02/21/24 identified the resident received Podiatry, therapy, lab, and x-ray services and included the name of the provider. However, it failed to identify who was responsible for payment of the service. On 02/26/24 at 02:12 PM Administrator/Licensed Nurse confirmed R3's NSA failed to include the responsible party for payment of podiatry services for R3.	S5105		

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S5105	Continued From page 5 - R4's medical record revealed she moved into the facility on 03/05/20 with a diagnosis of dementia. R4's "Functional Capacity Screen" dated 03/06/23 revealed she needed physical assist with bathing, transfers and eating and was unable to participate in her dressing and toileting. R4's "Negotiated Service Agreement" (NSA) identified she received services for lab, x-ray, and hospice from an outside resource but failed to include who was responsible for payment of the service. It also identified she received podiatry services but failed to identify who provided the service or who was responsible for payment of the outside service. On 02/26/24 at 03:49 PM Administrative Certified Medication Aide B reviewed R4's NSA and confirmed it did not include who provided podiatry services or who was responsible for payment of services provided by outside resources. - R5's medical record revealed she moved into the facility on 09/25/20 with diagnosis of dementia. R5's most current "Functional Capacity Screen" dated 09/24/22 revealed she required physical assistance with bathing, dressing, and toileting and had impaired cognition. R5's "Negotiated Service Agreement" signed 11/27/23 revealed she received services from	S5105		

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S5105	Continued From page 6 local outside resources for labs and x-rays. It failed to include services for podiatry, who provided the service and who was responsible for payment for each outside service. On 02/26/24 at 01:50 PM Administrative Certified Medication Aide B confirmed R5's NSA did not include podiatry services or who was responsible for payment for outside services. The administrator failed to ensure designated staff completed the NSAs for R3, R4, and R5 to include the services for outside resources, who provided the service and who was responsible for payment of the outside service.	S5105		
S5116 SS=D	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)	S5116		

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S5116	Continued From page 7 The facility reported a census of eight residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure staff reviewed and revised one (R5) of three sampled resident's "Negotiated Service Agreement" at least every 365 days. Findings Included: - R5's medical record revealed she moved into the facility on 09/25/20 with diagnosis of dementia. R5's most current "Functional Capacity Screens" (FCS) completed 09/24/22 revealed R5 needed physical assistance with bathing, dressing, toileting and management of medications. R5's electronic record included "Negotiated Service Agreements" (NSA) dated 09/24/22 and most current completed 09/29/23 (5 days late) and was not signed as completed by facility nurse or resident representative until 11/27/23, more than 365 days after prior NSA. On 02/26/24 at 01:46 PM Administrator/Licensed Nurse acknowledged the NSA's needed to be completed annually, every 365 days and with any significant changes. The administrator failed to ensure designated staff reviewed and revised R5's NSA at least every 365 days.	S5116		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 8 (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 one focused record review and review of five newly hired staff records. Based on interview and record review for three (R3, R4, R5) of three sampled residents and one (R6) of one focused resident review, plus two of five newly hired staff, the administrator 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: - R3's medical record revealed she moved into the facility on 02/13/20 with diagnoses of	S5230		

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S5230	Continued From page 9 hypertension and postpolio syndrome. R3's electronic and paper record failed to include the completion of an annual TB symptom screen. On 02/26/24 at 02:10 PM Administrative Certified Medication Aide B reviewed R3's record and acknowledged she did not have an annual TB symptom completed and did not realize they needed to be completed annually. - R4's medical record revealed she moved into the facility on 03/05/20 with a diagnosis of dementia. R4's electronic and paper record failed to include the completion of an annual TB symptom screen. On 02/26/24 at 02:10 PM Administrative Certified Medication Aide B reported reviewed R3's record and acknowledged she did not have an annual TB symptom completed and did not realize they needed to be completed annually. - R5's medical record revealed she moved into the facility on 09/25/20 with a diagnosis of dementia. R5's Last TB symptom screen was completed on 09/24/22. On 02/26/24 at 02:10 PM Administrative Certified Medication Aide B reported reviewed R3's record and acknowledged she did not have an annual TB symptom completed and did not realize they needed to be completed annually. - Review of R6's medical record revealed she	S5230		

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S5230	Continued From page 10 moved into the facility on 12/16/23 with diagnosis of diabetes mellitus type II. R6's paper and electronic medical record did not include evidence of a TB symptom screen completed within seven days of admission. On 02/26/24 at 02:14 PM Administrator/Licensed Nurse A confirmed it was not in R6's record and was probably with her admission paperwork. As of 02/27/24 at 10:16 AM Administrator/Licensed Nurse A had not provided a copy of R6's TB symptom screen. For R3, R4, R5, and R6 the administrator failed to ensure the facility remained in compliance with the Departments TB guidelines by the failure to complete TB symptom screens within seven days of admission and annually. - Review of the five newly hired employee files revealed the following irregularities: Certified Medication Aide E hired on 07/01/23 did not receive a TB symptom screen and did not have a second TB skin test completed. Certified Nurse Aide F hired on 09/11/23 did not receive a TB symptom screen or a two-step TB skin test. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of residency or employment. Each new	S5230		

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S5230	Continued From page 11 resident or new employee shall receive a two-stop skin test within seven days of residency or employment unless specific conditions are met. The administrator failed to ensure designated staff completed TB symptom screens and TB skin testing in accordance with TB guidelines to ensure the facility remained in compliance of infection control guidelines.	S5230		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of eight residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or	S5313		

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S5313	Continued From page 12 bottle/tube of over-the-counter medications. Findings included: - On 02/22/24 at 03:05 PM Certified Medication Aide D unlocked the medication drawers for inspection. Observation revealed the following over-the-counter medications that did not have the resident's full name written on the package and/or the tube/bottle of medication: box of hydrocortisone 1% cream with tube inside, no name on bottle or tube; bottle of Tylenol ES with no name; bottle of Centrium Silver Woman vitamins with initials only; three boxes of Diclofenac gel with only a first name on the box and no name on the tube; bottle of Ibuprofen first name on lid, another bottle of Ibuprofen with name worn off in black marker, and two bottles of Tylenol with no name on them. On 02/22/24 at 03:12 PM Administrative Certified Medication Aide B thought it just needed to have their initials on them. Administrator/Licensed Nurse A acknowledged she understood the over-the-counter medications needed to have the residents full name written on them. The administrator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		