STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022002	A. BUILDING: _____ B. WING _____	02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW	2125 HIGHWAY 36 WATHENA, KS 66090

(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 represents the findings of a resurvey with attached complaint #151756 at the above named home plus facility conducted on 02/26/24 and 02/27/24.	S 000		
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)(1) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review operator A failed to ensure facility staff completed a "Functional Capacity Screen" (FCS) for Resident (R) 3 every 365 days. Findings included: - Record review for R3 revealed an admission date of 06/08/20 with Diagnoses neuropathy . The 12/25/22 (most recent) FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and	S5085		

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

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S5085	Continued From page 1 walking/mobility; was unable to perform management of medications and treatments; she was occasionally incontinent of bladder and was marked for falls /unsteadiness and impaired hearing. The 12/25/22 "Negotiated Service Agreement" (NSA) directed facility staff to provide R3 physical assistance of one staff with bathing and dressing; physical assistance with toileting and walking/mobility; physical assistance with two persons using a mechanical lift with transfers; facility staff manage d medications and treatments; she wore incontinence products for bladder incontinence. R3's record lacked evidence of a "FCS" completed since the 12/25/22 "FCS". On 02/27/24 at approximately 01:40 PM operator A confirmed R3's most recent "FCS" was dated 12/25/22. Operator A failed to ensure facility staff completed a "FCS" for R3 every 365 days.	S5085		
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	S5116		

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S5116	Continued From page 2 (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 12 residents with three residents included in the sample. Based on interview and record review operator A failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on the "Functional Capacity Screen" (FCS), service needs, and preferences for Residents (R) 3 every 365 days. Findings included: - Record review for R3 revealed an admission date of 06/08/20 with Diagnoses of neuropathy. The 12/25/22 (most recent) FCS identified R3 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; was unable to perform management of medications and treatments; she was occasionally incontinent of bladder and was marked for falls and impaired hearing. The 12/25/22 "Negotiated Service Agreement" (NSA) directed facility staff to provide R3 physical assistance of one staff with bathing and dressing; physical assistance with toileting and walking/mobility; physical assistance with two	S5116		

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S5116	Continued From page 3 persons using a mechanical lift with transfers; facility staff manage d medications and treatments; she wore incontinence products for bladder incontinence. R3's record lacked evidence of a NSA completed since 12/25/22. On 02/27/24 at approximately 01:44 PM Administrative staff A confirmed R3's most recent "NSA" was on 12/25/22. Operator A failed to ensure facility staff completed a NSA for R3 every 365 days.	S5116		
S5155 SS=D	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 12 residents with 3 included in the sample reviewed. Based on interview and record review, operator A failed to ensure a licensed nurse coordinated care to meet Resident (R) 1's and (R) 3's needs for bed	S5155		

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S5155	Continued From page 4	S5155		

rail/assistive device.

Findings included:

- Record review for R1 revealed an admission date of 02/03/23 with a diagnosis of Parkinson's.

The 02/03/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, staff managed medications, was incontinent of bladder and was at risk for falls/unsteadiness.

The 02/03/24 "Negotiated Service Agreement" (NSA) identified staff provided R1 bathing assistance two to three times a week, assistance with dressing, toileting every two hours while awake and bladder incontinence. The NSA further identified R1 had a floor alarm mat to prevent falls.

R1's record lacked evidence of documentation of a bedrail/assistive device assessment.

Observation on 02/26/24 at 11:08 AM in R1's room revealed a bed assistive device to the left side of the bed.

On 02/27/24 at approximately 01:40 PM operator A confirmed R1's records lacked evidence of documentation of using a bedrail/assistive device assessment.

- Record review for R3 revealed an admission date of 06/08/20 with a diagnosis of neuropathy.

The 12/25/22 "Functional Capacity Screen"

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S5155	Continued From page 5 (FCS) identified R3 required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, staff managed medications, was incontinent of bladder and was at risk for falls/unsteadiness. The 12/25/22 "Negotiated Service Agreement" (NSA) identified staff would provide R3 bathing assistance two times a week, dressing, toileting, transfers, walking/mobility, and bladder incontinence. R3's record lacked evidence of documentation of a bedrail/assistive device. Observation on 02/26/24 at 11:20 AM during entrance tour R3's room revealed a bed assistive device to the right side of the bed. On 02/27/24 at approximately 01:45 PM operator A confirmed R3's records lacked evidence of documentation of using a bedrail /assistive device. Operator A failed to ensure a licensed nurse coordinated care to meet R1's and R 3's needs for bedrail/assistive devices.	S5155		
S5230 SS=E	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	S5230		

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S5230	Continued From page 6 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: KAR 26-42-207(c) The facility reported a census of 12 residents with 3 residents included in the sample. Based on record review and interview for 1 Resident (R)1 and 4 sampled staff Certified Nurse Aide (CNA) F, CNA H, CNA I and Certified Medication Aide (CMA) G, the facility failed to ensure compliance with the State Agency's tuberculosis department's tuberculosis (TB) guidelines. Findings included: - Record review for R1 revealed an admission date of 02/03/23 with a diagnosis of Parkinson's. The 02/23/23 first step TB skin test was read on 02/26/23 with negative results. R1's record lacked evidence of documentation of the second step TB skin test. R1's record lacked evidence of documentation of a TB symptom screen within seven days of admission. Review of CNA F's employee record revealed a	S5230		

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S5230	Continued From page 7	S5230		

hire date of 09/01/23. CNA F's record lacked evidence of TB testing upon hire.

Review of CNA H 's employee record revealed a hire date of 07/18/23. CNA H's record lacked evidence of TB testing upon hire.

Review of CNA I 's employee record revealed a hire date of 07/01/23. CNA I's record lacked evidence of TB testing upon hire.

Review of CMA G's employee record revealed a hire date of 09/01/23. CMA G's record lacked evidence of TB testing upon hire.

On 02/27/24 at approximately 1:30 PM operator A confirmed R1's record lacked evidence of documentation of a second step TB skin test.

On 02/27/24 at approximately 1:35 PM operator A confirmed CNA F's record lacked evidence of documentation of a TB skin test.

On 02/27/24 at approximately 1:36 PM operator A confirmed CNA H's record lacked evidence of documentation of a TB skin test.

On 02/27/24 at approximately 1:37 PM operator A confirmed CNA I's record lacked evidence of documentation of a TB skin test.

On 02/27/24 at approximately 1:39 PM operator A confirmed CMA G's record lacked evidence of documentation of a TB skin test.

The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented Each new resident and employee shall have an

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S5230	Continued From page 8 initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire and shall receive a two-step TST or an IGRA within 7 days of residency or employment. Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire. Operator A failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (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 26-42-105 (f) (11) The facility reported a census of 12 residents with 3 residents included in the sample. Based on interview and record review operator A failed to ensure staff provided adequate documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, actions taken, and results of the action for Resident (R)1 upon falls, readmission and thereafter.	S5251		

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S5251	Continued From page 9 Findings included: - Record review for R1 revealed an admission date of 02/03/23 with a diagnosis of Parkinson's. The 02/03/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, staff managed medications, was incontinent of bladder and was at risk for falls/unsteadiness. The 02/03/24 "Negotiated Service Agreement" (NSA) identified staff would provide R1 bathing assistance two to three times a week, assistance with dressing, toileting every two hours while awake and bladder incontinence. The NSA further recorded a floor alarm mat was used to prevent falls. The 07/08/23 "Nurse's Note" documented R1 was assessed by licensed nurse post fall after showering. Bruising noted on right hand, upper thigh, and right arm. R'1 noted pain with palpation. R1's record lacked documentation of fall including times, actions taken, physician notification and results of the actions by a licensed nursing staff member. On 02/27/24 at approximately 01:05 PM operator A confirmed lack of documentation in R1's record including time, action taken, physician notification and results of the actions by a licensed nurse when R1 experienced a fall. The 08/13/23 04:00PM "Nurse's Note"	S5251		

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S5251	Continued From page 10	S5251		

documented R1 was assessed by licensed nurse post fall after leaning forward in wheelchair without locked wheels and fell forward. R1 hit face between eyes.

R1's record lacked documentation of fall including physician notification and follow up results of the actions by a licensed nursing staff member.

On 02/27/24 at approximately 01:10 PM operator A confirmed lack of documentation in R1's record including physician notification and follow up results of the actions by a licensed nurse when R1 experienced a fall.

The 11/01/23 at 11:00AM "Nurse's Note" documented R1 was transferred to emergency room by ambulance for complaint of headache, pale color, slow to respond to staff.

R1's record lacked documentation including return admission from hospital, date, time and follow up by a licensed nursing staff member.

On 02/27/24 at approximately 01:13 PM operator A confirmed lack of documentation in R1's record including return admission from hospital, date, time and follow up by a licensed nursing staff member.

The 12/07/23 "Nurse's Note" documented R1 fell when walking to the bathroom. R1 complained of headache all day and got dizzy and fell when staff was assisting her. R1's record lacked documentation of fall including times, actions taken, physician notification and results of the

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S5251	Continued From page 11 actions by a licensed nursing staff member. On 02/27/24 at approximately 01:15 PM operator A confirmed lack of documentation in R1's record including time, action taken, physician notification and results of the actions by a licensed nurse when R1 experienced a fall. The 01/15/24 at 04:30 AM "Nurse's Note" documented R1 fell with laceration above right eye and was transferred to emergency room by ambulance. R1's record lacked documentation including return admission from hospital, date, time and follow up by a licensed nursing staff member. On 02/27/24 at approximately 01:13 PM Administrative Staff A confirmed lack of documentation in R1's record including return admission from hospital, date, time and follow up by a licensed nursing staff member. Operator A failed to ensure staff provided adequate documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, actions taken, and results of the action when R1 upon falls, readmission and thereafter.	S5251		