Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005004	A. BUILDING: _____ B. WING _____	02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTER ESTATES	155 NW 10TH AVE GREAT BEND, KS 67530

(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 resurvey at the above named home plus facility conducted on 02/21/24.	S 000		
S5116 SS=E	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) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 3 residents (R)1, R2 and R3, Administrator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days and following any significant change in condition, as defined in K.A.R. 26-39-100.	S5116		

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

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S5116	Continued From page 1 Findings included: - R1's "Medical Record" revealed she admitted to the facility on 11/30/22 with diagnoses of osteoarthritis, hypertension, anemia, hyperlipidemia, Vitamin D deficiency and mild cognitive impairment with memory loss. The "Functional Capacity Screen" (FCS) dated 11/28/23 recorded the resident was independent with toileting, transfers and eating, required supervision with dressing and walk/mobility, required physical assistance for bathing and was unable to manage medications and treatments. The FCS recorded R1 was usually continent, had impaired short-term memory, impaired memory/ recall and impaired decision making. R1 was at risk for falls/ unsteadiness, had impaired vision and hearing and was socially inappropriate. The FCS recorded R1 used a walker for ambulation and had a bed assistive device. The resident's "Negotiated Service Agreement" (NSA) dated 11/30/22 recorded assistance with personal hygiene and grooming, dressing, toileting and eating were health care services needed. The NSA further recorded medication administration was completed by nursing staff. Record lacked a NSA completed since 11/30/22. The resident's "Health Care Service Plan" (HCSP) dated 11/28/23 recorded facility staff assisted R1 with bathing, dressing, eating and administered medications. R1 had a bed assistive device. Interview on 02/21/24 at 02:39 PM with	S5116		

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S5116	Continued From page 2	S5116		

Administrator/ LN A confirmed R1's records lacked a NSA completed at least once every 365 days.

- Record review for R2 revealed she admitted to the facility on 03/01/22 with diagnoses of Alzheimer's Disease and chronic obstructive pulmonary disease (COPD).

The "Functional Capacity Screen" (FCS) dated 03/02/23 recorded the resident was independent with toileting, transfers, walk/mobility and eating, required supervision with dressing, required physical assistance for bathing and was unable to manage medications and treatments. The FCS recorded R2 was frequently continent, had impaired short-term and long-term memory and impaired memory/ recall. R2 was at risk for falls/ unsteadiness, had impaired vision and hearing, was socially inappropriate and had impaired decision making. The FCS recorded R2 used a walker for ambulation and had a bed assistive device.

The resident's "Negotiated Service Agreement" (NSA) dated 03/02/22 recorded facility staff managed R2's medications and failed to identify party responsible for bathing and dressing.

Record lacked a NSA completed since 03/02/22.

The resident's "Health Care Service Plan" (HCSP) dated 03/02/23 recorded facility staff assisted R2 with bathing, dressing, toileting, eating and administered medications. R1 had a bed assistive device.

Interview on 02/21/24 at 02:44 PM with

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S5116	Continued From page 3 Administrator/ LN A confirmed R2's records lacked a NSA completed at least once every 365 days. - Record review for R3 revealed she admitted to the facility on 09/26/21 with diagnoses of hypothyroidism, atrial fibrillation, hyperlipidemia and hypertension. The "Functional Capacity Screen" (FCS) dated 09/26/23 recorded the resident was independent with transfer and walk/mobility, required supervision for dressing, required physical assistance for bathing, toileting and eating and was unable to manage medications and treatments. The FCS recorded R3 was usually continent and had impaired short-term memory. R3 was at risk for falls/ unsteadiness and had impaired vision and hearing. The FCS recorded R3 used a walker for ambulation and had a bed assistive device. The resident's "Negotiated Service Agreement" (NSA) dated 09/26/22 recorded assistance with personal hygiene and grooming, dressing, transferring or ambulating and eating were health care services needed. The NSA further recorded medication administration was completed by nursing staff. Record lacked a NSA completed since 09/26/22. The resident's "Health Care Service Plan" (HCSP) dated 09/26/23 recorded facility staff assisted R3 with bathing, dressing, toileting, eating and administered medications. R3 had a bed assistive device.	S5116		

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S5116	Continued From page 4 Observation on 02/21/24 at 02:08 PM revealed R3 in her bed. Interview on 02/21/24 at 02:59 PM with Administrator/ LN A confirmed R3's record lacked a NSA completed at least once every 365 days and following a significant change in status and further confirmed R3 was unable to get out of bed and required complete assistance with bathing, dressing, toileting, transfer and eating. Facility's "Negotiated Service Agreement Policy and Procedure" (no date) recorded, "The Negotiated Service Agreement shall be reviewed and, if necessary revised according to the following requirements: At least once every 365 days; following any significant change in condition (a decline or improvement in a resident's mental, psychosocial, or physical functioning that requires a change in the Negotiated Service Agreement). Administrator/ LN A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days and following any significant change in condition, as defined in K.A.R. 26-39-100, for R1, R2 and R3.	S5116		
S5230 SS=F	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	S5230		

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S5230	Continued From page 5 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: KAR 26-42-207 (c) The census totaled 6 residents. The sample included 3 residents and review of 1 newly hired employee. Based on record review and interview for 3 sampled Residents (R)1, R2 and R3 and 1 newly hired employees (Certified Nurse Aide (CNA) B, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 11/30/22 and the record lacked completion of TB testing and a TB questionnaire upon admission. Record further lacked completion of an annual TB questionnaire for 2023. R2's "Medical Record" revealed she admitted to the facility on 03/01/22 and the record lacked completion of an annual TB questionnaire for 2023. R3's "Medical Record" revealed she admitted to	S5230		

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the facility on 09/26/21 and the record lacked completion of an annual TB questionnaire for 2023.

- Review of CNA B's employee record revealed they hired onto the facility on 06/15/23. CNA B's first step of TB testing was completed on 05/22/23, and the record lacked evidence of completion of the second step of TB testing upon hire.

Interview on 02/21/24 at 02:39 PM with Administrator/Licensed Nurse (LN) A confirmed TB testing and a TB questionnaire was not completed upon admission for R1 and further confirmed a TB questionnaire was not completed annually for R2 and R3.

Facility's "Tuberculosis / Infection Control Procedures" policy (no date) recorded, "A. Symptom Screen: Each new resident and employee shall have an initial TB symptom screen that includes the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the Tuberculin skin test (TST) or IGRA ... B. TB Infection Testing: 1. Each new resident or employee shall receive a two-step TST or IGRA for TB within 7 days of residency or employment ...II. Resident and employee annual TB symptom screen review and TB infection testing: A. Symptom Screen: Each resident and employee shall have an annual TB symptom screen review questionnaire."

The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which

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S5230	Continued From page 7 had the potential to affect all residents.	S5230		