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HEARTFUL HOMES CORPORATION	1301 S SEVILLE AVE WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 186679 and 186378, for the above named facility conducted on 03/26/24, 03/27/24 and 03/28/24.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the	S 225		

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

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S 225	Continued From page 1 resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: K.A.R. 26-39-102 (a) The facility reported a census of 2 residents. The sample included 2 "Residents" (R1 and R2) and 3 focused reviews (R's 3, 4, and 5). Based on interview and record review the Operator failed to ensure the development of policies and procedures for the admission of respite care residents, and further failed to have documentation of a written agreement at the time of admission for respite services describing in detail the services and goods the respite resident would receive and specified the obligation that the respite resident would have towards the care home for R5.	S 225		

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S 225	Continued From page 2 Findings included: - Review of the facility policy and procedure manual revealed the policies for "Life Safety", "Health Insurance Portability and Accountability Act" (HIPAA), and "Hazardous Waste". The policy binder lacked policies and procedures that addressed the admission of a resident for respite services. Record review for R5 revealed admission for respite on 02/22/24 with the diagnosis of Frontotemporal lobe dementia and was to discharge back to home on 02/26/24. R5's record lacked a signed admission agreement for respite services describing in detail the services and goods the respite resident would receive and specified the obligation that the respite resident would have towards the care home for. Interview on 03/28/24 with Operator A confirmed the resident record lacked the signed admission agreement. The Operator failed to ensure the development of policies and procedures for the admission of respite care residents, and further failed to have documentation of a written agreement at the time of admission for respite services describing in detail the services and goods the respite resident would receive and specified the obligation that the respite resident would have towards the care home for R5.	S 225		

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S5015	Continued From page 3	S5015		
S5015 SS=F	26-42-101(c) Administration Position Description (c) Administrator and operator position description. Each licensee shall adopt a written position description for the administrator or operator that includes responsibilities for the following: (1) Planning, organizing, and directing the home; (2) implementing operational policies and procedures for the home; and(3) authorizing, in writing, a responsible employee who is 18 years old or older to act on the administrator ' s or operator's behalf in the absence of the administrator or operator. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-101 (c) (3) The facility reported a census of 2 residents. Based on interview the Operator failed to ensure there was authorization in writing, a responsible employee who was 18 years old or older to act on the Operator's behalf in the absence of the Operator. Findings included: - Interview on 03/26/24 at approximately 03:10 PM with "Licensed Nurse" (LN) B confirmed she had been hired on 03/18/24, and the facility lacked an authorization in writing a responsible employee to act on the Operator's behalf in the Operators absence. The Operator failed to ensure there was	S5015		

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S5015	Continued From page 4 authorization in writing, a responsible employee who was 18 years old or older to act on the Operator's behalf in the absence of the Operator.	S5015		
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: K.A.R. 26-42-201 (a) The facility reported a census of 2 residents. The sample included 2 "Residents" (R1 and R2) and 3 focused review residents. Based on interview and record review the Operator failed to ensure the screening determining R1's "Functional Capacity" (FCS) was performed prior to or at the time of admission when according to the resident	S5080		

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S5080	Continued From page 5	S5080		

signed lease agreement R1 moved into the facility on 02/19/24 and the screening to determine his functional capacity was not dated as being performed until 02/20/24.

Findings included:

- Record review for R1 revealed an admission date of 02/19/24 with diagnoses of metabolic encephalopathy, dysuria, Dorsalgia, other malaise, essential hypertension, abnormalities of gait and mobility, unsteadiness on feet, need for assistance with personal care, unspecified anemia, and paroxysmal atrial fibrillation.

Review of R1's FCS dated 02/20/24 revealed R1 required physical assistance with bathing, dressing, and toileting. He required supervision with transfers, walking, eating and medication administration. He was occasionally incontinent of his bladder, and was marked with falls, impaired vision, and impaired hearing. He required a walker or wheelchair for mobility.

Review of R1's "Negotiated Service Agreement" (NSA) dated 02/19/24 revealed the facility staff would provide the following health services: "moderate assist" with bathing, dressing, and toileting". Facility staff would provide minimal to moderate assist for transfers and eating, and minimal assistance for R1's mobility. "Facility staff" would administer R1's medications.

Review of the facility provided document titled "Resident Agreement" revealed the following "Fee from the move-in date of 02/19/24 - 02/29/24."

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S5080	Continued From page 6 Review of the printed "Medication Administration Record" (MAR) for the month of February 2024 revealed R1 received the following medications on 02/19/24: Finasteride 5 milligrams, Acetaminophen 325 milligrams two tablets, Pramipexole 0.25 milligrams, Rosuvastatin Calcium 10 milligrams, and Tamsulosin HCL 0.4 milligrams. Interview on on 03/28/24 with Operator A confirmed the dates on R1's documentation. The Operator failed to ensure the screening determining R1's "Functional Capacity" (FCS) was performed prior to or at the time of admission when according to the resident signed lease agreement R1 moved into the facility on 02/19/24, his MAR revealed facility staff administered his medications, The screening to determine his functional capacity was not dated as being performed until 02/20/24.	S5080		
S5105 SS=F	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;	S5105		

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S5105	Continued From page 7 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. 26-42-202 (a) (1) (2) (3) The facility reported a census of 2 residents. The sample included 2 "Residents" (R1 and R2) and 3 focused reviews (R's 3, 4, and 5). Based on interview and record review the Operator failed to ensure the development of a "Negotiated Service Agreement" (NSA) which was based on the screening determining functional capacity for R1, and further failed to ensure the development of an NSA which provided a description of the health services for activities of daily living, identification of the outside providers of home health and hospice services, a description of the services, and the payor source of the services when outside providers were used for R's 1, 2, 3, and 4. Findings included: - Record review for R1 revealed an admission date of 02/19/24 with diagnoses of metabolic encephalopathy, dysuria, Dorsalgia, other malaise, essential hypertension, abnormalities of gait and mobility, unsteadiness on feet, need for assistance with personal care, unspecified anemia, and paroxysmal atrial fibrillation. Review of R1's FCS dated 02/20/24 revealed R1 required physical assistance with bathing, dressing, and toileting. He required supervision	S5105		

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S5105	Continued From page 8	S5105		

with transfers, walking, eating and medication administration. He was occasionally incontinent of his bladder, and was marked with falls, impaired vision, and impaired hearing. He required a walker or wheelchair mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 02/19/24 revealed the facility staff would provide the following health services: "moderate assist" with bathing, dressing, and toileting". Facility staff would provide minimal to moderate assist for transfers and eating, and minimal assistance for R1's mobility. "Facility staff" would administer R1's medications. Under the section titled "Management of Medical Treatments" "Home Health" was marked with the name of a local home health agency written in. Under the section titled "Unsteady Gait" it is handwritten "assistance needed". Under the section titled "Nursing Services" the following are marked: Treatment Management, oxygen management, and education and training with the facility and a local home health agency identified. Under the section titled "Provider" is the following list "Lab, Radiology, Pharmacy, Durable Medical Equipment (DME), Psychiatric Consult, Hospice, Home Health, and Beautician." "Home Health Agency, Pharmacy, and DME" were marked. The area titled "Frequency" was blank, and under the section titled responsible party, was typed "Self/Medicare/Medicaid" with no indication of which payor source would be used.

R1's NSA lacked a description of the services to be provided by the local home health agency and further lacked identification of the payor source for the services provided.

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S5105	Continued From page 9 - Review for R2 revealed an admission date of 03/08/24 with diagnoses of presence of right artificial hip joint, unspecified dementia, essential hypertension, and unspecified fall subsequent encounter. Review of R2's FCS dated 03/08/24 revealed R2 required supervision with bathing, dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medications and had impaired long-term memory, impaired memory recall and impaired decision making. She was marked with impaired vision and impaired decision making. She used a walker and a wheelchair mobility device. Review of the facility provided document titled "Physical and Health Assessment" dated 03/08/24 revealed R1 had "Hip Precautions", required a one person assist, she had "Range of Motion" ROM concerns and she had an abduction wedge. Under the section titled "Skin Integrity" there was written next to the section for "Wounds" the following: "hip incision right hip". R2's FCS lacked documentation in the section titled "Current Risk/Problems" falls being identified. Review of R2's NSA dated 03/08/24 revealed the facility staff would provide the following health services: "minimal assistance" with bathing, dressing, and transferring". Facility staff would provide set up for meals and net to walking it was written "walker". "Facility staff" would administer R21's medications. Under the section titled	S5105		

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S5105	Continued From page 10	S5105		

"Management of Medical Treatments" "Home Health" was marked. Under the section titled "Current or Recent Problems or Risk" the following was marked "History of falls in past 90 days." "Nursing Services" the following was marked: Treatment Management, with a local home health agency written in. In the section titled "Provider" is the following list "Lab, Radiology, Pharmacy, Durable Medical Equipment (DME), Psychiatric Consult, Hospice, Home Health, and Beautician." "Home Health Agency was marked with handwritten in the name of the local home health agency. The area titled "Frequency" was blank, and under the section titled responsible party, was typed "Self/Medicare/Medicaid" with no indication of which payor source would be used.

R2's NSA lacked a description of the services to be provided by the local home health agency and further lacked identification of the payor source for the services provided.

- Record review for R3 revealed an admission date of 02/22/24 with the diagnoses of multiple myeloma.

Review of R3's FCS revealed he was unable to perform the following: bathing, dressing, toileting, transferring, walking, or eating. He lacked the ability to manage his own medications, was incontinent, had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was "rarely or never" able to make himself understood, and he "sometimes" understood others. He was marked with falls, impaired decision making, and used a wheelchair mobility

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S5105	Continued From page 11 device. Review of R3's NSA dated 02/22/24 revealed the facility staff would provide the following health services: Total assist for all care, R3 was bed bound, nothing by mouth oral care only, and he had a catheter. Under the section titled "Nursing Services" next to the "Treatment Management and Oxygen Management" a local hospice company was handwritten in. In the section titled "Provider" is the following list "Lab, Radiology, Pharmacy, Durable Medical Equipment (DME), Psychiatric Consult, Hospice, Home Health, and Beautician." "Hospice, Pharmacy and DME" were marked. The area titled "Frequency" was blank, and under the section titled responsible party, was typed "Self/Medicare/Medicaid" with no indication of which payor source would be used. Review of the facility provided document titled "Physical and Health Assessment" revealed R3 was not eating and that he was "actively dying". He was bed bound, and under the section titled "Wounds" it was revealed R3 had two decubitus ulcers: one to the coccyx and one to the left hip. R3's NSA lacked the health services for wound care, and further lacked a description of services to be provided by the local hospice agency. - Record review for R4 revealed an admission date of 01/23/24 with diagnoses of atrial fibrillation, benign essential hypertension, and peripheral vascular disease. Review of R4's FCS dated 01/23/24 revealed he	S5105		

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was unable to perform dressing, bathing, toileting, transferring, or walking. He required supervision with eating. He lacked the ability to manage his own medications, was frequently incontinent, had impaired short-term memory, impaired memory recall and impaired decision making. He was marked with falls, impaired vision, impaired hearing, and impaired decision making. He used a wheelchair and a mechanical lift.

Review of R4's NSA dated 01/23/"1924" revealed the facility staff would provide the following health services: next to "Bathing" it was written "no preference", next to "Toileting" it was written "incontinent", next to "Transferring" it was written "Sit-to-Stand", and next to "Eating" it was written "Regular diet; thin liquids." Under the section titled "Therapeutic Diet" it was written "Regular diet, Soft Foods". Facility staff would manage his medications, and next to "Management of Medical Treatments" it was written "Hospice".

Review of R4's "Provider Orders" dated 03/06/24 revealed the following order: "Wound care to the right ankle, cleanse right ankle with "Vashe" and soak for five minutes. Use gauze to debride manually and apply Triad Cream to the wound. Apply Optifoam dressing to the ankle. Change dressing with wound care three times weekly and as needed."

Review of R4's "Nurse Progress Notes" dated 01/23/24 revealed the following entry:
R4 admitted to the home on 01/23/24, he was alert and confused. He was thin in appearance and had a wound to the coccyx that was covered with a dressing. R4 received a shower and the

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S5105	Continued From page 13 coccyx wound had green and malodourous drainage. R4's NSA lacked health services for the management of the wound care, and further lacked documentation of the provider of the skilled service. Interview on 03/28/24 at 09:30 AM with opeartor A confirmd the NSA's lacked a full description of servised to be provided, identification of the person providing the service and the payor source if an outside provider was used. The Operator failed to ensure the development of a "Negotiated Service Agreement" (NSA) which was based on the screening determining functional capacity for R1, failed to ensure the development of an NSA which provided a description of the health services for activities of daily living and the outside provider of home health for R1 and R2, further failed to develop an NSA for outside hospice providers, activities of daily living and wound management for R3 and R4.	S5105		
S5141 SS=D	26-42-203 (c) Respite Care Services (c) Respite care services. Any administrator or operator of a home plus may provide respite care services to individuals who meet the home's admission and retention criteria on a short-term basis if the administrator or operator ensures that the following conditions are met: (1) Written policies are developed and procedures are implemented for the provision of respite care services. (2) All the requirements for admission of a	S5141		

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(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
S5141	Continued From page 14 resident to a home plus are met for an individual admitted for respite care services. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-203 (c) (1) (2) The facility reported a census of 2 residents. The sample included 2 "Residents" (Rs) and 3 focused reviews. Based on interview and record review the Operator failed to ensure all the requirements were met prior to admitting R5 for a respite stay on 02/22/24 through 02/26/24, ensuring written policies and procedures were implemented for the provision of respite care services, and ensured all the requirements for admission of a resident to a home plus were met for R5 for the respite services. Findings included: - Record review for R5 revealed admission for respite on 02/22/24 with the diagnosis of Frontotemporal lobe dementia and was to discharge back to home on 02/26/24. R5's record lacked a signed admission agreement for respite services describing in detail the services and goods the respite resident would receive and specified the obligation that the respite resident would have towards the care home for. The resident record lacked documentation of informing the resident/resident's legal representative in wring the rates and charges for the adult care home services and refund policy. The record further lacked the documentation in writing to the	S5141		

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S5141	Continued From page 15 resident/resident's legal representative the state statutes related to advance medical directives. Interview on 03/28/24 with Operator A confirmed the resident record lacked documentation of informing the resident/resident's legal representative in wring the rates and charges for the adult care home services and refund policy. The record further lacked the documentation in writing to the resident/resident's legal representative the state statutes related to advance medical directives. The Operator failed to ensure all the requirements were met prior to admitting R5 for a respite stay on 02/22/24 through 02/26/24, ensuring written policies and procedures were implemented for the provision of respite care services, and ensured all the requirements for admission of a resident to a home plus were met for R5 for the respite services.	S5141		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted	S5215		

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S5215	Continued From page 16 at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-104 (d) (1) (2) The facility reported a census of 2 residents. Based on interview, the Operator failed to ensure the homes disaster and emergency preparedness education/training was provided at the time of employment for newly hired employees, and at the time of admission for the newly admitted resident. Findings included: - Interview on 03/26/24 with "Licensed Nurse" (LN) B confirmed with Operator A by text messaging, that the facility did not have formal documentation of the presentation of the emergency preparedness training to personnel at the time of employment. Interview on 03/27/24 at approximately 09:00 AM Operator A confirmed all employees knew where the homes policy and procedure manual was located, and the newly hired employees were to have signed an acknowledgement page of the homes polices and procedures. He continued to state that upon admission there is a verbal review of the policies with the residents, and that the records lack the documentation of the presentation of the emergency preparedness training to the residents at the time of admission.	S5215		

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S5215	Continued From page 17 The Operator failed to ensure the homes disaster and emergency preparedness education/training was provided at the time of employment for newly hired employees, and at the time of admission for the newly admitted resident.	S5215		
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 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 2 residents. The sample included 2 "Residents" (Rs), 3 focused reviews, and 5 newly hired employees. Based on interview and record review the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for R's 1, 2, and 4, and newly hired "Certified Mediation	S5230		

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S5230	Continued From page 18 Aides" (CMA)'s C, D, G, and "Licensed Nurses" (LN)'s E and F. Findings included: - Personnel record review on 03/27/24 for CMA C revealed a hire date of 01/23/24. The personnel record lacked documentation of the completed first step of the TB skin test withing seven days of employment. The record further lacked the documentation of the completed second step of the TB skin test within one to three weeks of the completed TB first step skin test. Personnel record review on 03/27/24 for CMA D revealed a hire date of 03/14/24. The personnel record lacked documentation of the completed first step of the TB skin test withing seven days of employment. Personnel record review on 03/27/24 for LN E revealed a hire date of 03/13/24. The personnel record lacked documentation of the completed first step of the TB skin test withing seven days of employment. Personnel record review on 03/27/24 for LN F revealed a hire date of 03/21/24. The personnel record lacked documentation of the completed first step of the TB skin test withing seven days of employment. Personnel record review on 03/27/24 for CMA G revealed a hire date of 02/22/24. The personnel record lacked documentation of the completed first step of the TB skin test withing seven days of employment. The record further lacked the	S5230		

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S5230	Continued From page 19	S5230		

documentation of the completed second step of the TB skin test within one to three weeks of the completed TB first step skin test.

Record review for R1 revealed an admission date of 02/19/24. R1's record lacked documentation of the completed first step of the TB skin test withing seven days of residency in the home. The record further lacked the documentation of the completed second step of the TB skin test within one to three weeks of the completed TB first step skin test.

Record review for R2 revealed an admission date of 03/08/24. R2's record lacked documentation of the completed first step of the TB skin test withing seven days of residency in the home.

Record Review for R4 revealed an admission date of 01/22/24. R4's record lacked documentation of the completed first step of the TB skin test withing seven days of residency in the home. The record further lacked the documentation of the completed second step of the TB skin test within one to three weeks of the completed TB first step skin test.

Interview on 03/27/24 at approximately 09:15 AM with Operator A confirmed the personnel records for the newly hired personnel, and the resident records for R's 1, 2 and 4, all lacked the required documentation for the completed first step of the TB skin test withing seven days of employment/residency, and the records for CMA's C and G, and the records for R1 and R4 lacked the documentation of the completed second step of the TB skin test within one to

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S5230	Continued From page 20 three weeks of the completed TB first step skin test. Operator A failed to ensure the home's compliance with the department's TB guidelines adopted by reference in K.A.R. 26-39-105 for R's 1, 2, 4, newly hired CMA's C, D, G, and LN's E and F.	S5230		
S5250 SS=D	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and	S5250		

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S5250	Continued From page 21 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (2) (4) (6) (7) (9) (10) The facility reported a census of 2 residents. The sample included 2 "Residents" (Rs) and 3 focused reviews. Based on interview and record review the Operator failed to ensure R5's resident record contained an admission agreement for the respite stay, a screening determining R5's "Functional Capacity" (FCS), a "Negotiated Service Agreement" developed from R5's FCS describing the health care services to be provided, the name and number of R5's physician to be notified in case of an emergency, and each medical care providers written order for medications when the facility managed R5's medications. Findings included: - Record review for R5 revealed admission for respite on 02/22/24 with the diagnosis of Frontotemporal lobe dementia and was to discharge back to home on 02/26/24. R5's resident record lacked the following required documentation: A signed admission agreement for respite services describing in detail the services and goods the respite resident would receive and specified the obligation that the respite resident would have towards the care home for. The resident record lacked documentation of informing the resident/resident's legal representative in wring the rates and charges for the adult care home services and refund policy.	S5250		

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S5250	Continued From page 22 The record further lacked the documentation in writing to the resident/resident's legal representative the state statutes related to advance medical directives. A screening performed prior to, or at the time of the respite stay determining R5's functional capacity. An NSA developed from R5's FCS describing health services to be provided and who would provide the health services. The name and phone number of R5's physician in case of an emergency. The medical care providers written order for the medications administered by the homes Certified Medication Aides and Licensed Nurses during R5's respite stay. Interview on 03/28/24 with Operator A confirmed the resident record lacked documentation of an admission agreement for the respite stay, a FCS, an NSA, the name, and number of R5's physician to be notified in case of an emergency, and the medical care providers written orders for medications. The Operator failed to ensure R5's resident record contained an admission agreement for the respite stay, a screening determining R5's FCS, an NSA developed from R5's FCS describing the health care services to be provided, the name and number of R5's physician to be notified in case of an emergency, and each medical care providers written order for medications when the	S5250		

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S5250	Continued From page 23 facility managed R5's medications.	S5250		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-102 (d) (1) (2) (3) The facility reported a census of 2 residents. The sample included 2 "Residents" (Rs), 3 focused reviews, and 5 newly hired employees "Certified Mediation Aides" (CMA)'s C, D, G, and "Licensed	S5258		

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S5258	Continued From page 24 Nurses" (LN)'s E and F. Based on interview and record review the Operator failed to ensure each personnel record contained evidence of licensure for each employee performing a function that required specialized education or training for LN's E and F. The Operator failed to ensure there was supporting documentation for criminal backgrounds checks of facility and contract staff pursuant to K.S.A. 39-970. The Operator further failed to ensure the personnel records for CMA's C, G, and D, had supporting documentation from the "Kansas Nurse Aide" registry that they did not have a finding of having abused, neglected or exploited a resident in an adult care home. Findings included: - Personnel record review on 03/27/24 for CMA C revealed a hire date of 01/23/24. The personnel record contained a document titled "Confidential Final Background Screen Report". The report lacked the submission to the "Kansas Department of Aging and Disability Services" (KDADs) pursuant to K.S.A. 39-970. The record further lacked supporting documentation from the "Kansas Nurse Aide" registry that they did not have a finding of having abused, neglected or exploited a resident in an adult care home. Personnel record review on 03/27/24 for CMA D revealed a hire date of 03/14/24. The personnel record contained a document titled "Confidential Final Background Screen Report". The report lacked the submission to the "Kansas Department of Aging and Disability Services"	S5258		

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S5258	Continued From page 25 (KDADs) pursuant to K.S.A. 39-970. The record further lacked supporting documentation from the "Kansas Nurse Aide" registry that they did not have a finding of having abused, neglected or exploited a resident in an adult care home. Personnel record review on 03/27/24 for LN E revealed a hire date of 03/13/24. The personnel record contained a document titled "Confidential Final Background Screen Report". The report lacked the submission to the "Kansas Department of Aging and Disability Services" (KDADs) pursuant to K.S.A. 39-970. The record lacked evidence of licensure for each employee performing a function that required specialized education or training for LN's E and F. Personnel record review on 03/27/24 for LN F revealed a hire date of 03/21/24. . The personnel record contained a document titled "Confidential Final Background Screen Report". The report lacked the submission to the "Kansas Department of Aging and Disability Services" (KDADs) pursuant to K.S.A. 39-970. The record lacked evidence of licensure for each employee performing a function that required specialized education or training for LN's E and F. Personnel record review on 03/27/24 for CMA G revealed a hire date of 02/22/24. . The personnel record contained a document titled "Confidential Final Background Screen Report". The report lacked the submission to the "Kansas Department of Aging and Disability Services" (KDADs) pursuant to K.S.A. 39-970. The record further lacked supporting documentation from the "Kansas Nurse Aide" registry that they did not have a finding of having abused, neglected or	S5258		

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S5258	Continued From page 26 exploited a resident in an adult care home. Interview on 03/28/24 at approximately 09:00 AM with Operator A confirmed the personnel records lacked the required background checks from KDADS, the licensure checks from the "Kansas State Board of Nursing" for LN E and F, and the documentation from the "Kansas Nurse Aide" registry that showed CMA's C, D and G did not have a finding of having abused, neglected or exploited a resident in an adult care home. The Operator failed to ensure each personnel record contained evidence of licensure for each employee performing a function that required specialized education or training for LN's E and F. The Operator failed to ensure there was supporting documentation for criminal backgrounds checks of facility and contract staff pursuant to K.S.A. 39-970. The Operator further failed to ensure the personnel records for CMA's C, G, and D, had supporting documentation from the "Kansas Nurse Aide" registry that they did not have a finding of having abused, neglected or exploited a resident in an adult care home.	S5258		
S5313 SS=F	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	S5313		

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S5313	Continued From page 27	S5313		

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:
K.A.R.26-42-205 (g) (3)

The facility reported a census of 2 residents. Based on observation and interview the Operator failed to ensure that the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the resident on the "Over the Counter" (OTC) medication containers.

Findings included:

- Observation on 03/26/24 at approximately 03:20 PM in the facility dining room, a cabinet with doors that freely opened revealed the following OTC containers that lacked the resident's full name:

2 bottles of Equate brand Pain reliever.
1 bottle of CoQ10 (an antioxidant supplement) 100 milligrams.
1 bottle of Spring Valley Vitamin C 500 milligrams.
1 bottle of Natures Plus Cranberry Supplement 1,500 milligrams
1 bottle of Melatonin 3 milligrams
1 bottle of Kroger Allergy Tablets 25 milligrams
2 boxes of Lidocaine Patches 4%

Observation on 03/26/24 at approximately 03:30

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S5313	Continued From page 28 PM the second drawer down in the hallway to the south of the living room freely opened and contained the following unlabeled OTC tubes: 2 tubes of Coloplast 1 tube of Moisture Barrier cream 1 tube of Moisture Barrier ointment 1 package of Medi Honey 1 tube of Remedy Zinc Oxide protectant paste 1 bottle of Skintegrity wound cleanser. Interview on 03/28/24 at approximately 09:00 AM with Operator A confirmed all OTC's are to be labeled with the residents full name.	S5313		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087269	A. BUILDING: _____ B. WING _____	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5315	Continued From page 29 aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R.26-42-205 (h) (1) The facility reported a census of 2 residents. Based on observation and interview the Operator failed to ensure that all non-controlled medications were stored in a locked cabinet, and all controlled medications were stored in a separately locked compartment within a locked cabinet. Findings included: - Observation on 03/26/24 at approximately 03:20 PM in the facility dining room, a cabinet with doors that freely opened revealed the following: two wire baskets with bubble packaged medications labeled from the pharmacy with R1 and R2's names, and in one wire basket bottles of over-the-counter medications. To the right side of the wire baskets there sat a black box with a combination lock built into the box. The box freely opened and there were two cards of	S5315		

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S5315	Continued From page 30 Tramadol 50 milligrams (scheduled narcotic) labeled from the pharmacy with R1's name. Behind the black box were 2 boxes of Lidocaine patches. There was one staff present in the home, and was not near the dining room cabinet where the medications were stored. Interview on 03/28/24 at approximately 09:00 AM with Operator A confirmed the medication cabinet and the controlled medication box should be locked at all times. The Operator failed to ensure that all non-controlled medications were stored in a locked cabinet, and all controlled medications were stored in a separately locked compartment within a locked cabinet.	S5315		