STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087062	A. BUILDING: _____ B. WING _____	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HOMESTEAD ASSISTED LIVING	1601 W MAY STREET WICHITA, KS 67213

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey for the above named Assisted Living facility conducted on 04/08/24 and 04/09/24.	S 000		
S3261 SS=D	26-41-105 (f) (11) Resident Record 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 26-41-105(f)(11) The facility reported a census of 29 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure one (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 related to increased edema. Findings included: - R5 moved into the facility on 05/02/22 with diagnosis of type II diabetes mellites and atrial fibrillation. R5's "Functional Capacity Screen dated 08/25/23 indicated she was incontinent of bladder and	S3261		

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

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S3261	Continued From page 1	S3261		

needed supervision with toileting and walking and needed physical assistance with management of medications.

R5's "Negotiated Service Agreement/Health Care Service Plan" dated 10/25/23 identified medications would be administered by licensed and certified staff, certified staff provided stand by assistance with toileting, and she managed her own incontinent products.

Review of nursing progress notes from 08/01/23 to current revealed the following:
08/11/23 - New order to increase Lexapro (antidepressant) to 10 milligrams (mg) and to give R5 an extra dose of Ativan (antianxiety) at 03:00 PM daily.
The record lacked documentation of symptoms or illness to indicate the need for increasing medications and failed to include documentation of the results of the increased medications.
08/22/23 - Tubi-grip socks to lower extremities as needed for edema due to edema in bilateral legs.
The record lacked documentation of follow up related to edema.
08/28/23 - Resident returned for heart catheterization with stent placement. Remove dressing after 24 hours.
The record lacked documentation the dressing was removed and a description of the insertion site and resident status post heart catheterization.
09/17/23 - new order for Ativan 0.5 mg twice daily for anxiety.
The record lacked follow up if the increase in medication was effective.
02/16/24 -Resident with blood in her brief and said she was constipated. Hospice nurse arrived

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S3261	Continued From page 2 at facility and instructed staff to give the resident some warmed up prune juice. The record lacked documentation if the prune juice was effective in relieving her constipation. On 04/09/24 at 08:32 AM Administrative Licensed Nurse B reported she expected staff to document in R5's record if there is anything different such as falls with a three day follow up and need to document when a resident had changes in condition. Administrative Licensed Nurse B reviewed R5's nursing progress notes and acknowledged staff should have documented symptoms to support need to increase Lexapro and Ativan and then follow up if the changes were effective. She acknowledged when the documentation indicated a "problem' staff should have had follow up documentation on what they did and results of what was done. The administrator failed to ensure designated staff documented all symptoms of illness, incidents, what action was taken, and effectiveness of that action taken for R5.	S3261		
S3299 SS=F	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:	S3299		

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S3299	Continued From page 3 KAR 26-41-206(e) The facility reported a census of 29 residents. Based on observation and interview the administrator failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - Observations during the kitchen tour on 04/08/24 at 09:30 AM revealed the following in the double freezer: two boxes of pork patties that had open bags in them and not sealed. plastic bag of frozen hamburger patties open and not sealed. box of fish sticks that had an open bag and not sealed. and six cups with scoops of ice cream on a tray that was covered but not dated. On 04/08/23 at 09:52 AM dietary staff C reported he did not know when the ice cream was put in the freezer and it should have been dated. He also reported the bags of frozen meat should have been sealed after being used. The operator failed to ensure designated staff stored foods in manner to ensure they were sealed, dated, and labeled when stored in the freezer.	S3299		
S3310 SS=F	26-41-207 (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	S3310		

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S3310	Continued From page 4 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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of 29 residents (R). The sample included three residents. Based on interview and record review for one of three sampled residents (R4) and five of five newly hired employee records the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the residential health care facility. Findings included: - Review of R4's record revealed the she moved into the facility on 01/25/24. The resident's record lacked a TB symptom screen questionnaire.	S3310		

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S3310	Continued From page 5 - Review of 5 newly hired employees file revealed the following: Certified Medication Aide D Hired on 01/12/23 did not have a TB symptom screen or a two-step TB skin test completed. Certified Medication Aide E hired on 07/07/23 failed to have a TB symptom screen completed within 7 days of employment. Certified Medication Aide F hired on 01/14/24 failed to have a TB symptom screen completed within 7 days of employment. Administrative Licensed Nurse hired on 07/17/23 failed to have a TB symptom screen completed within 7 days of employment. Dietary staff H hired on 03/01/24 failed to have a TB symptom screen completed within 7 days of employment. The records revealed all 5 employees lacked TB testing according to TB guidelines. On 04/08/24 at 02:19 PM Administrative Staff A reported she did not realize a TB symptom screen needed completed within 7 days of employment or residency. She also acknowledged they could not find a two-step TB skin test for Certified Medication Aide D. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 each new resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire	S3310		

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S3310	Continued From page 6 within seven days of residency or employment. Each new resident and new employee shall receive a two-step TB skin test within seven days of residency or employment unless specific conditions are met. For one of three sampled residents (R4)) and five of five new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		