STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089084	A. BUILDING: _____ B. WING _____	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE WIND SENIOR LIVING INC	5227 SE 77TH STREET BERRYTON, KS 66409

(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 facility conducted on 04/24/24.	S 000		
S5080 SS=F	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 three residents and one adult day care resident (R). The sample included three residents. Based on record review and interview, the operator failed to ensure a licensed nurse assessed three (R3, R4, R5) of three sampled residents whose functional	S5080		

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

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S5080	Continued From page 1	S5080		

capacity screen indicated the need for health care services.

Findings included:

- R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen"(FCS) dated 02/07/23 was completed by Operator/Certified Medication Aide A and had no evidence a licensed nurse assessed the resident when his FCS indicated he needed health care services.

- R4's medical record revealed she moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts.

R4's "Functional Capacity Screen" dated 08/04/23 was completed by Operator/Certified Medication Aide A and had no evidence a licensed nurse assessed the resident when his FCS indicated she needed health care services.

- Review of R5's medical record revealed he moved into the facility on 03/1720 with diagnosis of dementia.

R5's most current "Functional Capacity Screen"(FCS) dated 03/10/22 was completed by Operator/Certified Medication Aide A and had no evidence a licensed nurse assessed the resident when his FCS indicated he needed health care services.

An Interview on 04/24/24 at 10:12 AM Operator/Certified Medication Aide A reported

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S5080	Continued From page 2 she completed the FCS and then the nurse reviews it and co-signs it. On 04-24-24 at 02:15 PM Operator/Certified Medication Aide A had reviewed each resident's FCS that were in their charts and acknowledged the Licensed Nurse failed to assess R3, R4, and R5 and review and sign their FCS. The operator failed to ensure a licensed nurse assessed R3, R4, and R5 whose FCS indicated they 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 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 three residents and one adult day care resident (R). The sample included three residents. Based on observation, 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	S5085		

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S5085	Continued From page 3	S5085		

days or when the resident had a significant change in condition.

Findings included:

- R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications.

Observation on 04/24/24 at 11:18 AM resident raised the head of the bed all the way and then had a gait belt through a hole at the end of the bed he used to help pull and hold himself into a sitting position. Operator/Certified Medication Aide (CMA) A moved his wheelchair close to the bed and handed him the slide board. Resident then placed it under his bottom and on the wheelchair and then slid across the board and onto his wheelchair. Staff hooked the catheter bag under the wheelchair and then resident unlocked his chair and moved to where he could see the TV.

Interview on 04/24/24 at 12:51 PM CMA B reported R3 is alert and oriented, is wheelchair bound, transfers himself in and out of bed with a slide board, showers himself, and manages his condom catheter himself. CMA B stated when he first moved in, he needed to use a mechanical lift to transfer him, he couldn't do anything himself and since working with physical therapy he has improved a lot. He has the trapeze on the head

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S5085	Continued From page 4 of his bed, and he uses that to scoot himself up in the bed once he transfers himself. On 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A acknowledged R3's FCS should have been revised since he has improved so much in his ability to do things himself. The operator failed to complete a FCS when R3 had a significant improvement in his functional ability. - Review of R5's medical record revealed he moved into the facility on 03/1720 with diagnosis of dementia. R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he needed supervision with bathing and dressing, was unable to participate in management of medications and medical treatments, otherwise, he was independent in his ADLs. Observation on 04/24/24 at 09:51 AM R5 walked out of his room for breakfast without using an assistive device and no staff supervision. He ate his breakfast and when he was done, he got up and walked back to his room without any staff supervision. Interview on 04/24/24 at 12:47 PM Certified Medication Aide (CMA) B reported R5 was independent for the most part. He takes himself to the bathroom, we get his clothing out in the morning and evening and just cue him to change his clothing or cue to take a shower and he can do it himself.	S5085		

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S5085	Continued From page 5 On 04/24/24 at 12:39 PM Operator/CMA A reported R5 just had an anniversary and needed to get his FCS updated. She reported she took the FCS for 2023 out of the chart to review but she cannot find it. The operator failed to complete R5's FCS at least every 365 days.	S5085		
S5115 SS=E	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of three residents and one resident (R) who received adult day care services. The sample included three residents. Based on interview and record review the operator failed to ensure two of three residents had an initial Negotiated Service Agreement" completed at admission. Findings included: - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate	S5115		

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S5115	Continued From page 6 in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications. R3's record included a document titled "Negotiated Service Agreement" (NSA) with a date of 02/07/23 that included the residents back needed scrubbed daily to prevent itching. The NSA had no other documentation, had not been developed identify services to be provided based on his FCS. Interview on 04/24/24 Operator/Certified Medication Aide A reported the NSA that was in his chart was one she had put in the day before he moved in. Operator/Certified Medication Aide A looked for the admission NSA and acknowledged she was unable to find it. The operator failed to ensure an initial NSA for R3 was developed at admission. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts. R4's "Functional Capacity Screen" (FCS) dated 08/04/23 revealed she needed physical assistance with bathing and dressing, had bladder incontinence, and impaired cognition. She also could not participate in the management of her medications or medical treatments. R4's medical record had a blank Negotiated Service agreement" in it that had not been developed to identify services to be provided based on her FCS.	S5115		

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S5115	Continued From page 7 On 04/24/24 at 02:25 PM Operator/Certified Medication Aide A looked through R4's chart and said the blank one was not the one that was supposed to be in the chart. She acknowledged she was not able to find the admission NSA. The operator failed to ensure an initial NSA was developed for R4 at admission.	S5115		
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 three residents and one adult day care resident (R). The sample included three residents. Based on observation, record review, and interview the administrator failed to ensure designated staff reviewed and revise two (R3 and R5) of three sampled	S5116		

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S5116	Continued From page 8	S5116		

resident's "Negotiated Service Agreement" at least every 365 days or when the resident had a significant change in condition.

Findings included:

- R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications.

R3's medical record failed to include a "Negotiated Service Agreement" (NSA) completed after he had received physical therapy and had a significant improvement in his functional ability.

Observation on 04/24/24 at 11:18 AM resident raised the head of the bed all the way and then had a gait belt through a hole at the end of the bed he used to help pull and hold himself into a sitting position. Operator/Certified Medication Aide (CMA) A moved his wheelchair close to the bed and handed him the slide board. Resident then placed it under his bottom and on the wheelchair and then slid across the board and onto his wheelchair. Staff hooked the catheter bag under the wheelchair and then resident unlocked his chair and moved to where he could see the TV.

Interview on 04/24/24 at 12:51 PM CMA B reported R3 is alert and oriented, is wheelchair

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S5116	Continued From page 9	S5116		

bound, transfers himself in and out of bed with a slide board, showers himself, and manages his condom catheter himself. CMA B stated when he first moved in, he needed to use a mechanical lift to transfer him, he couldn't do anything himself and since working with physical therapy he has improved a lot. He has the trapeze on the head of his bed, and he uses that to scoot himself up in the bed once he transfers himself.

On 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A acknowledged R3's NSA should have been revised since he has improved so much in his ability to do things himself. She though it was done but was in the fil she had taken to her apartment to get everything updated. Operator/CMA A went downstairs multiple times to her apartment to look for R3's medical records and as of 02:30 PM she was unable to find them.

The operator failed to have evidence of reviewing and revising R3's NSA when he had a significant improvement in his functional ability.

- Review of R5's medical record revealed he moved into the facility on 03/1720 with diagnosis of dementia.

R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he needed supervision with bathing and dressing, was unable to participate in management of medications and medical treatments, otherwise, he was independent in his ADLs.

R5's most current "Negotiated Service Agreement" (NSA) In his medical record is dated

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S5116	Continued From page 10 03/10/22, completed more than 365 days ago. Observation on 04/24/24 at 09:51 AM R5 walked out of his room for breakfast without using an assistive device and no staff supervision. He ate his breakfast and when he was done, he got up and walked back to his room without any staff supervision. Interview on 04/24/24 at 12:47 PM Certified Medication Aide (CMA) B reported R5 was independent for the most part. He takes himself to the bathroom, we get his clothing out in the morning and evening and just cue him to change his clothing or cue to take a shower and he can do it himself. On 04/24/24 at 12:39 PM Operator/CMA A reported R5 just had an anniversary and needed to get his NSA updated. She reported she took the NSA for 2023 out of the chart to review but she cannot find it. Operator/CMA A went downstairs multiple times to her apartment to look for R5's medical records and as of 02:30 PM she was unable to find them. The operator failed to complete R5's NSA at least every 365 days.	S5116		
S5140 SS=D	28-42-203 (b) Adult Day Care Services (b) Adult day care services. Any administrator or operator of a home plus may provide adult day care services to any individual who meets the home ' s admission and retention criteria and receives services less than 24 hours a day if the administrator or operator ensures that all of the following conditions are met:	S5140		

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S5140	Continued From page 11 (1) Written policies are developed and procedures are implemented for the provision of adult day care services. (2) All requirements for admission of a resident to a home plus are met for an individual admitted for adult day care services. (3) At least 60 square feet of common use living, dining, and activity space is available in the home for each resident of the home and each resident receiving adult day care services. (4) The provision of adult day care services does not adversely affect the care and services offered to other residents of the home. This REQUIREMENT is not met as evidenced by: KAR 26-42-203(b) The facility reported a census of three residents(R) and one resident who received Adult Cay Care services. The sample included three residents and one focused record reviews. Based upon record review and interview the operator failed to develop policies and procedures for Adult Day Care and failed to complete all of the required agreements and assessments for one (R6) resident who received Adult Day Care services. Findings included: - Review of the one filed provided by Operator/Certified Medication Aide (CMA) A on 04/24/24 at 12:59 PM included R6's insurance cards, and a partially completed resident information sheet. It lacked an admission agreement, evidence of review of all required	S5140		

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S5140	Continued From page 12 information, a Functional Capacity Screen (FCS), a Negotiated Service Agreement (CSA) , and lacked documentation of the days when R6 came, what was done, and when she left the facility. On 04/24/24 at 01:17 PM Operator/CMA A reported she could not find the policy, did not recall completing a FCS or NSA and looked in the computer and acknowledged it did not include an admission agreement for Adult Day Care services. The operator failed to ensure policies and procedures were developed for Adult Day Care services and failed to complete the required information for admission for services.	S5140		
S5156 SS=F	26-42-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(b) The facility reported a census of three residents (R) and one Adult Day Care resident. . The sample included three residents. Based on	S5156		

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interview and record review the operator failed to ensure a licensed nurse completed a "Health Care Service Plan" for three (R3, R4, R5) of three sampled residents whose "Functional Capacity Screens" identified they required health care services.

Findings included:

- On 04/24/24 at 10:09 AM Operator/Certified Medication Aide (CMA) A reported each resident would have a separate "Health Care Service" plan in their medical record.

- R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications.

R3's medical record lacked a "Health Care Service Plan"(HCSP) developed by a licensed nurse.

Interview on 04/24/24 at 01:29 PM Operator/Certified Medication Aide A reported the HCSP would be in the same file with his other medical records. Operator/Certified Medication Aide A looked for the HCSP and as of 02:30 PM acknowledged she was unable to find it.

The operator failed to ensure a licensed nurse developed a "Health Care Service Plan" for R3 whose FCS identified a need for health care

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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
S5156	Continued From page 14	S5156		

services.

- R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts.

R4's "Functional Capacity Screen" (FCS) dated 08/04/23 revealed she needed physical assistance with bathing and dressing, had bladder incontinence, and impaired cognition. She also could not participate in the management of her medications or medical treatments.

R4's medical record lacked a "Health Care Service Plan" (HCSP) developed by a licensed nurse.

Interview on 04/24/24 at 02:25 PM Operator/Certified Medication Aide A reported R4's HCSP would be in with her other medical records in the missing file. Operator/Certified Medication Aide A looked for the HCSP and as of 02:30 PM acknowledged she was unable to find it.

The operator failed to ensure a licensed nurse developed a "Health Care Service Plan" for R4 whose FCS identified a need for health care services.

- Review of R5's medical record revealed he moved into the facility on 03/1720 with diagnosis of dementia.

R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he needed supervision with bathing and dressing, was unable to participate in management of medications and

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S5156	Continued From page 15 medical treatments, otherwise, he was independent in his ADLs. R5's medical record lacked a "Health Care Service Plan" developed by a licensed nurse. Interview on 04/24/24 at 12:39 PM Operator/Certified Medication Aide A reported R5's HCSP would be in with her other medical records in the missing file. Operator/Certified Medication Aide A looked for the HCSP and as of 02:30 PM acknowledged she was unable to find it. The operator failed to ensure a licensed nurse developed a HCSP for R5 whose FCS identified a need for health care services.	S5156		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The facility reported a census of three residents(R) and one Adult Day Care resident. The sample included three residents. Based on observation, interview , and record review the operator failed to ensure designated staff assessed two (R3 and R4) of three sampled resident's assistive device to ensure that it secure, not a restraint, and the resident could use it safely.	S5171		

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S5171	Continued From page 16 Findings included: - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications. R3's medical record failed to include a "Negotiated Service Agreement" (NSA) or a "Health Care Service Plan". R3's medical record lacked an assessment to identify the Trapeze attached to his bed was secure, safe, and he was able to use it safely. Observation on 04/24/24 at 11:18 AM resident raised the head of the bed all the way and then had a gait belt through a hole at the end of the bed he used to help pull and hold himself into a sitting position. Operator/Certified Medication Aide (CMA) A moved his wheelchair close to the bed and handed him the slide board. Resident then placed it under his bottom and on the wheelchair and then slid across the board and onto his wheelchair. Staff hooked the catheter bag under the wheelchair and then resident unlocked his chair and moved to where he could see the TV. On 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A acknowledged R3's record did not include an assessment for use of the trapeze.	S5171		

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S5171	Continued From page 17 The operator failed to assess the functionality of R3's trapeze and ensure it was safe for use. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts. R4's "Functional Capacity Screen" dated 08/04/23 revealed she needed physical assistance with bathing and dressing and supervision with toileting, transfers, walking/mobility, and eating. R4's record did not include a "Negotiated Service agreement" or "Health Care Service Plan" to identify what services would be provided related to management of medications or medical treatments. R4's record lacked an assessment to identify the bilateral half rails on her bed were safe for her to use and not a restraint. Observation on 04/24/24 at 8:55 AM revealed bilateral half-rails on R4's upper half of the bed. - Interview on 04/24/24 at 12:49 PM Certified Medication Aide (CMA) B confirmed the residnet had bilateral half-rails on her bed and used them sometimes to help scoot herself up in the bed. Interview on 04/24/24 at 02:25 PM Operator/CMA A acknowledged she did not have an assessment for the bed rails. The operator failed to ensure designated staff assessed the functionality of R4's bed rails to ensure it remained safe for her to used as an	S5171		

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S5171	Continued From page 18 assistive device and were not a restraint.	S5171		
S5186 SS=F	26-42-206 (d) Dietary Services Menus (d) The menus shall be planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (d) The facility reported a census of three residents. Based on observation and interview, the operator failed to ensure the facility menus were planned in advance, in accordance with dietary guidelines, and available to residents on a weekly basis. Findings included: - Observations during initial tour on 04/24/24 at 8:40 AM revealed there was no menu posted on the refrigerator or elsewhere in the kitchen or in the dining room. On 04/24/24 at 08:58 AM Operator/Certified Medication Aide (CMA) A reported they do not have a menu planned in advance. They discuss with the residents what they want to eat the next couple of days, it is put on the grocery list, and then prepared by the staff. The operator failed to ensure the facility menus were planned in advance.	S5186		

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S5230	Continued From page 19	S5230		
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 three residents(R) and one day care resident. The sample included all four residents. Based on interview and record review for four (R3, R4, R5, R6) of four sampled residents, the operator 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 he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.	S5230		

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S5230	Continued From page 20 R3's medical record included a TB symptom screen completed on 02/06/24 but failed to include an admission TB symptom screen or an admission two-step TB skin test. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts. R4's medical record included an admission TB symptom screen but failed to include a two-step TB skin test. - Review of R5's medical record revealed he moved into the facility on 03/17/20 with diagnosis of dementia. R5's Medical Record failed to include an annual TB symptom screen. - R6's medical record did not include record of when she initially started adult day care services or diagnosis. R6's medical record failed to include designated staff completing a TB symptom screen or a two-step TB skin test. An interview on 04/24/24 at 02:17 PM Operator/Certified Medication Aide A reported she must have taken the TB information out with the other records, and they are all in the file folder that she cannot find. Review of the June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" directs that each new resident shall have an initial TB symptom screen that includes the components of	S5230		

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S5230	Continued From page 21 the Tuberculosis Symptom Screen Questionnaire within seven days of admission and then annually. Each new resident shall receive a two-step TB skin test within seven day of residency unless other specific conditions are met. The operator failed to ensure designated staff completed TB symptoms screens and TB skin testing 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.	S5230		
S5246 SS=F	26-42-105 (c) Resident Record Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following: (1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(c)(1) The facility reported a census of three residents and one day care resident. Based on record review and interview the operator failed to ensure three (R3, R4, R5) of four sampled resident's medical records were kept safe and free from the possibility of getting lost. Findings included:	S5246		

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S5246	Continued From page 22 - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's medical record did not include evidence of completion of a TB symptom screen or a two-step TB skin test upon admission. R3's medical record did not include a "Negotiated Service agreement" to identify what services would be provided and who would provide the services based upon the results of his "Functional Capacity Screen" and service needs. R3's medical record did not include a "Health Care Service Plan" developed by a licensed nurse in collaboration with the resident and/or legal representative. R3's medical record lacked evidence a licensed pharmacist or licensed nurse completed any quarterly reviews of R3's medication regimen. R3's medical record did not include any nursing progress notes. On 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A reported she had taken the TB information, the Negotiated Service Agreement, Health Care Service Plan, the medication reviews, and current nursing notes out of his medical chart and put them in a file. Operator/CMA A said she needed to update them because he had an anniversary recently, multiple changes and improvements in how he does things. Operator/CMA A went downstairs multiple times to her apartment to look for R3's medical	S5246		

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S5246	Continued From page 23	S5246		

records and as of 02:30 PM she was unable to find them.

The operator failed to ensure R3's medical records were maintained to safeguard them form loss.

- R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts.

R4's medical record did not include evidence of a two-step TB skin test completed within seven days of admission.

R4's record did not include a "Negotiated Service agreement" to identify what services would be provided and who would provide the services based upon the results of his "Functional Capacity Screen" and service needs..

R4's medical record did not include a "Health Care Service Plan" developed by a licensed nurse in collaboration with the resident and/or legal representative.

R4's medical record did not include evidence a licensed pharmacist or licensed nurse completed any quarterly reviews of her medication regimen.

R4's medical record did not include any nursing progress notes.

On 04/24/24 at 02:25 PM Operator/Certified Medication Aide (CMA) A reported she had taken the TB information, Negotiated Service Agreement, R4's Health Care Service Plan, current nursing notes, and the medication reviews out of her medical chart and took them

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S5246	Continued From page 24	S5246		

down to her apartment to work on them. Operator/CMA A went downstairs multiple times to her apartment to look for R4's medical records and as of 02:30 PM she was unable to find them.

The operator failed to ensure R4's medical records were maintained to safeguard them form loss.

- Review of R5's medical record revealed he moved into the facility on 03/17/20 with diagnosis of dementia.

R5's medical record lacked evidence a "Functional Capacity Screen" had been completed since 03/10/22, more than two years ago.

R5's medical record lacked evidence a "Negotiated Service Agreement" had been completed since 03/10/22, more than two years ago.

R5's medical record did not include a "Health Care Service Plan" developed by a licensed nurse in collaboration with the resident and/or legal representative.

R5's medical record did not include evidence a licensed pharmacist or licensed nurse completed any quarterly reviews of her medication regimen.

R5's medical record did not include any nursing progress notes after 01/13/22, more than two years ago.

On 04/24/24 at 12:39 PM Operator/Certified Medication Aide (CMA) A reported she had taken

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S5246	Continued From page 25 the TB information, the Negotiated Service Agreement, Health Care Service Plans, medication reviews, and current nurses notes out of his medical chart and put them in a file and was working on them in her apartment. She stated she needed to get everything updated because he recently had an anniversary. Operator/CMA A went downstairs multiple times to her apartment to look for R5's medical records and as of 02:30 PM she was unable to find them. The operator failed to ensure R5's medical records were maintained to safeguard them form loss.	S5246		
S5251 SS=F	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 three residents and one day care resident (R). The sample included three residents. Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for three (R3, R4, R5) of three sampled residents.	S5251		

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S5251	Continued From page 26 Findings included: - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's "Functional Capacity Screen" (FCS) dated 02/07/23 revealed R3 was unable to participate in his bathing, toileting, transfers, walking/mobility and needed physical assistance with dressing and management of medications. R3's record did not include a "Negotiated Service agreement" or a "Health Care Service Plan" to identify what services, who would provide services, and how those services would be provided to meet R3's needs. R3's medical record lacked any nursing progress notes to identify any illness or other medical condition concerns the resident may have had, did not include documentation of when he arrived at the facility, that he had received PT services and had an improvement in his functional abilities. Interview on 04/24/24 at 12:51 PM CMA B reported R3 is alert and oriented, is wheelchair bound, transfers himself in and out of bed with a slide board, showers himself, and manages his condom catheter himself. CMA B stated when he first moved in, he needed to use a mechanical lift to transfer him, he couldn't do anything himself and since working with physical therapy he has improved a lot. He has the trapeze on the head of his bed, and he uses that to scoot himself up in the bed once he transfers himself.	S5251		

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S5251	Continued From page 27 On 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A looked in R3's chart and reported she had taken any notes out of his chart so that she could get everything updated but she cannot find the file they are in. Operator/CMA A went downstairs multiple times to her apartment to look for R3's medical records and as of 02:30 PM she was unable to find them. The operator failed to ensure R3's medical record contained documentation of any indication of illness or other medical concerns including what was done and the results of interventions. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts. R4's "Functional Capacity Screen" dated 08/04/23 revealed she could not participate in the management of her medications or medical treatments. R4's record did not include a "Negotiated Service agreement" or a "Health Care Service Plan" to identify what services, who would provide services, and how those services would be provided to meet R3's needs. R4's medical record failed to include any nursing progress notes to identify that she moved into the facility, any indications of illness or injury, and that she had right and left eye surgery, and any outcomes post surgery. On 04/24/24 at 0225 PM Operator/Certified Medication Aide (CMA) A acknowledged R4 did not have any nursing progress notes in her chart	S5251		

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and they were with her other records that needed updating. Operator/CMA A went downstairs multiple times to her apartment to look for R3's medical records and as of 02:30 PM she was unable to find them.

The operator failed to ensure R4's medical record contained documentation of any indication of illness or other medical concerns including what was done and the results of interventions, including when she had eye surgery.

- Review of R5's medical record revealed he moved into the facility on 03/1720 with diagnosis of dementia.

R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he needed supervision with bathing and dressing, was unable to participate in management of medications and medical treatments, otherwise, he was independent in his ADLs.

R5's most current "Negotiated Service Agreement" dated 03/10/22 revealed he needed assistance with set up for showers, and dressing, and needed occasional assistance with toileting,

Review of R5's medical record included nursing progress notes from 08/16/21 to 01/13/22. The record lacked any documentation of R5's medical status, indications of illness, treatments, and results of treatment in over one year.

Interview on 04/24/24 at 12:39 PM Operator/Certified Medication Aide reported that R5's nursing progress notes are in her notebook that she cannot find. Operator/CMA A went

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PRAIRIE WIND SENIOR LIVING INC	5227 SE 77TH STREET BERRYTON, KS 66409

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S5251	Continued From page 29 downstairs multiple times to her apartment to look for R3's medical records and as of 02:30 PM she was unable to find them. The operator failed to ensure R5's medical record contained documentation of any indication of illness or other medical concerns including what was done and the results of interventions since 01/13/22.	S5251		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1)	S5265		

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S5265	Continued From page 30	S5265		

The facility reported a census of three residents (R) and one Adult Day Care resident. The sample included three residents. Based on interview, and record review for one (R3) of one resident who self-administered some of his own medications, the operator failed to ensure a Licensed Nurse (LN) assessed the residents ability to to accurately and safely administer his own medications.

Findings included:

- R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease.

R3's "Functional Capacity Screen" dated 02/07/23 revealed R3 needed physical assistance with management of his medications and medical treatments.

R3's record lacked a "Negotiated Service agreement" to identify what services would be provided related to management of medications or medical treatments.

R3's medical record lacked a self-administration assessment completed by a licensed nurse to identify the resident could self administer his creams and eye drops.

Interview on 04/24/24 at 10:09 AM Operator/Certified Medication Aide (CMA) A reported R3 had multiple creams he used for itching that he self-determines how and when they are to be applied. She also reported he had some eye drops that he self-administered, and the facility administered the rest.

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S5265	Continued From page 31 Interview on 04/24/24 at 02:21 PM Operator/CMA A reported he should have an assessment done by the nurse for him to self direct his creams and to self-administer his eye drops. Operator/CMA A looked in R3's chart and confirmed there was not an assessment in his record. The operator failed to ensure a licensed nurse completed a self-medication assessment for R5.	S5265		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d)((3)(D)	S5301		

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S5301	Continued From page 32 The facility reported a census of three residents (R) and one day care resident. The sample included three residents and one day care resident. Based on record review and interview the operator failed to ensure the documentation of the administration of medications immediately before or after completion of the task for three (R3, R4, R5) of three sampled residents for whom the facility was responsible for administering their medications. Findings included: - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's "Functional Capacity Screen" dated 02/07/23 revealed R3 needed physical assistance with management of his medications and medical treatments. R3's record did not include a "Negotiated Service agreement" to identify what services would be provided related to management of medications or medical treatments. Review of R3's April 2024 "Medication Administration Record" (MAR) lacked documentation for administration of medications nine out of twenty-four days. Staff failed to document the administration of medications immediately before or after completion of the task 78 times. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts.	S5301		

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S5301	Continued From page 33 R4's "Functional Capacity Screen" dated 08/04/23 revealed she could not participate in the management of her medications or medical treatments. R4's record did not include a "Negotiated Service agreement" to identify what services would be provided related to management of medications or medical treatments. Review of R4's April 2024 "Medication Administration Record" (MAR) lacked documentation for administration of medications six to ten out of twenty-four days. Staff failed to document the administration of R4's medications immediately before or after completion of the task 185 times. - Review of R5's medical record revealed he moved into the facility on 03/17/20 with diagnosis of dementia. R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he was unable to participate in the management of his medications or medical treatments. R5's most current "Negotiated Service Agreement" dated 03/10/22 identified a Licensed Nurse was responsible for the implementation and supervision of the plan that included medication assistance but failed to identify who and what kind of assistance would be provided with his medications. Review of R5's April 2024 "Medication Administration Record" (MAR) lacked	S5301		

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S5301	Continued From page 34 documentation for the administration of medications seven to eight days out of twenty-four. Staff failed to document the administration of R5's medications immediately before or after the completion of the task 30 times. On 04/24/24 at 10:58 AM Operator/Certified Medication Aide A provided the April 2024 MARs for review. She looked at them, shook her head and said, "there are a lot of holes in them", meaning staff had not documented administration of giving the medications. Operator/CMA A confirmed staff were supposed to initial each time they give a medication and what time they gave it. The operator failed to ensure staff who administered all three resident's their medications documented either immediately before or after the administration of each mediation.	S5301		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced	S5325		

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S5325	Continued From page 35 by: KAR 26-42-205 (l) The facility reported a census of three residents(R) and one Adult Day Care resident. The sample included three residents. Based on interview and record review for three (R3, R4, R5) of three sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regiment review at least quarterly for each resident whose medication the facility managed. Findings included: - R3's medical record revealed he moved into the facility on 02/07/23 with diagnosis of chronic obstructive pulmonary disease. R3's "Functional Capacity Screen" dated 02/07/23 revealed R3 needed physical assistance with management of his medications and medical treatments. R3's record did not include a "Negotiated Service agreement" to identify what services would be provided related to management of medications or medical treatments. Review of R3's medical record lacked a review of his medications by a pharmacist or a Licensed Nurse. Interview on 04/24/24 at 01:29 PM Operator/Certified Medication Aide (CMA) A reported the Licensed Nurse is supposed to be completing the medication regimen reviews and if they were not in the chart, they are probably in	S5325		

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S5325	Continued From page 36 the filed with additional resident records that is missing. The operator failed to ensure R3's Medication Regimen Review was conducted at least quarterly by a pharmacist or a Licensed Nurse. - R4 moved into the facility on 08/04/23 with a diagnosis of expressive aphasia and cataracts. R4's "Functional Capacity Screen" dated 08/04/23 revealed she could not participate in the management of her medications or medical treatments. R4's record did not include a "Negotiated Service agreement" or "Health Care Service Plan" to identify what services would be provided related to management of medications or medical treatments. R4's record lacked evidence of a medication regimen review. Interview on 04/24/24 at 02:25 PM Operator/Certified Medication Aide A reported the Licensed Nurse completed the medication regimen reviews and if they were not in the chart they were probably in the file with additional resident records. The operator failed to ensure R4's Medication Regimen Review was conducted at least quarterly bu a pharmacist or a Licensed Nurse. - Review of R5's medical record revealed he moved into the facility on 03/17/20 with diagnosis of dementia.	S5325		

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S5325	Continued From page 37 R5's most current "Functional Capacity Screen" dated 03/10/22 revealed he was unable to participate in the management of his medications or medical treatments. R5's most current "Negotiated Service Agreement" dated 03/10/22 identified a Licensed Nurse was responsible for the implementation and supervision of the plan that included medication assistance but failed to identify who and what kind of assistance would be provided with his medications. R5's record lacked evidence of completion a medication regimen review. On 04/24/24 at 12:39 PM Operator/Certified Medication Aide A reported the Licensed Nurse completed the medication regimen reviews and if they were not in the chart they were probably in the file with his other medical records. The operator failed to ensure R5's medication regimen was reviewed at least quarterly by a pharmacist or a Licensed Nurse.	S5325		