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	B087251	A. BUILDING: _____ B. WING _____	05/16/2024

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RAINBOW GREENWAY	1858 S GREENWAY BLVD WICHITA, KS 67213

(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 conducted on 05/15/24 and 05/16/24.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of eight residents(R). The sample include three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed three (R3, R4, and R5) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability which includes medication administration and ordered therapies and treatments. Findings Included: - Review of R3's medical record revealed she moved into the facility on 04/16/24 with diagnoses of atrial fibrillation and closed fracture of thoracic vertebra. R3's "Functional Capacity Screen" (FCS) dated 04/15/24 revealed she required physical	S5095		

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

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S5095	Continued From page 1	S5095		

assistance with activities of daily living including management of medications and medical treatments. However, it failed to identify all medications the resident took at the time of the screen and failed to identify she received Skilled Nursing and physical therapy.

On 05/16/24 at 10:36 AM Administrative Nurse B reviewed R3's FCS and confirmed she had not completed it accurately to include all areas of screening.

The operator failed to ensure designated staff completed R3's FCS accurately and completely to show R3's functional needs related to medications, and home health therapy services.

- Review of R4's medical record revealed she moved into the facility on 08/09/19 with diagnoses of dementia.

R4's "Functional Capacity Screen" (FCS) dated 01/09/24 revealed she needed physical assistance with all activities of daily living including mobility. She also had bladder incontinence and cognitive impairment. The FCS failed to include screening for communication, current problems, or risks such as falls, and assistive devices used for mobility. It also failed to include medications the resident received at the time of the screen and that she received skilled nursing related to pressure ulcers.

05/16/24 at 11:44 AM Administrative Nurse B reviewed R4's "Functional Capacity Screen" and confirmed it did not have all areas of screening completed including that she received skilled nursing from an outside resource.

The operator failed to ensure designated staff

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S5095	Continued From page 2 completed R3's FCS completely to show R4's functional ability and needs related to medications and skilled nursing. - Review of R5's medical record revealed he moved into the facility on 11/01/23 with diagnoses of hyperlipidemia and atrial flutter. R5's "Functional Capacity Screen" dated 01/08/24 revealed he needed physical assistance with activities of daily living including management of medications and medical treatments. However, it failed to identify current medications the resident received and that he received skilled nursing for management of indwelling catheter. On 05/16/24 at 11:40 AM Administrative Nurse B reviewed R5's FCS and acknowledged it was not completed to accurately show R5's functional abilities and needs. The operator failed to ensure designated staff completed R3's FCS completely to show R4's functional ability and needs related to medications and skilled nursing through an outside resource.	S5095		
S5105 SS=E	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:	S5105		

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S5105	Continued From page 3 (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of eight residents(R). The sample included three residents. Based on observation, interview, and record review for three (R3, R4, and R5) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive and who provided the services. Findings included: - Review of R3's medical record revealed she moved into the facility on 04/16/24 with diagnoses of atrial fibrillation and closed fracture of thoracic vertebra. R3's "Functional Capacity Screen" (FCS) dated 04/15/24 revealed she required physical assistance with activities of daily living including management of medications and medical treatments. She also had impaired cognition, bladder incontinence, and at risk for falls. It identified she used a walker and wheelchair and wore a back brace.	S5105		

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R3's "Negotiated Service Agreement" NSA dated 04/15/24 had medication management and behavior management checked but did not identify that R4's medications would be administered to her by certified medication aides and/or licensed nursing staff. It also failed to address services related to medical treatments, her impaired cognition, or services related to her risk for falls. It also failed to identify that she received physical therapy services and what outside resource provided those services.

Observation on 05/15/24 at 09:12 AM R3 finished eating and Certified Medication Aide (CMA) E put a gait belt around her and had placed her walker in front of her. CMA E helped R3 to stand using the gait belt and then walked beside her to her recliner. R3 had on a back brace and used a four wheeled walker as an assistive device.

Interview on 05/15/24 at 09:26 AM R3 stated that she needed help getting dressed and with most of her daily activities. R3 said she was hoping physical therapy would be able to help her become more independent.

Interview on 05/16/24 at 10:38 AM Administrative Nurse B reviewed R3's NSA and acknowledged it did not include specifically who provided what services based upon R3's needs and did not include her use of a back brace or physical therapy.

The operator failed to ensure designated staff completed R3's NSA to include services needed based upon her FCS and who would provide those services.

- Review of R4's medical record revealed she moved into the facility on 08/09/19 with diagnoses

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S5105	Continued From page 5 of dementia. R4's "Functional Capacity Screen" (FCS) dated 01/09/24 revealed she needed physical assistance with all activities of daily living including mobility. She also had bladder incontinence and cognitive impairment. She was unable to manage her medications and medical treatments. It did not include ordered treatments or therapies. R4's "Negotiated Service Agreement" NSA dated 01/22/24 had medication management checked but did not identify that R4's medications would be administered to her by certified medication aides and/or licensed nursing staff. It also failed to identify services related to management of treatments, that she had pressure ulcers and services related to the prevention and healing of them. It identified she had home health services but failed to identify what services home health provided. Observation on 05/15/24 at 11:15 AM Administrative Staff A and Administrative Nurse B went to check R4 because staff reported a red/bruised area on her right hip. Observation of the area revealed an area measuring two inches by 0.5 inches with straight edges as if tape from her brief was on her skin and caused irritation/sensitivity to the area. The area had different shades of reddish purple to red with the surrounding tissue a light pinkish/red that blanched when touched. Administrative Nurse B reported the resident had had a history of poor skin integrity and then removed R4's socks to show areas on her heels. Administrative Nurse B removed the left sock and stated that heel was healed. She then removed the right sock which revealed two small open areas with yellow eschar	S5105		

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S5105	Continued From page 6	S5105		

in the center of them. One area was approximately the size of a pencil eraser and the other slightly smaller. Observation also revealed a foot cradle on her bed and heel boots on the shelf across from the end of her bed.

Interview on 05/16/24 at 01:49 PM Administrative Nurse B reviewed R3's NSA and acknowledged it lacked services specifically to qualified staff administering medications, that she received skilled nursing services for pressure ulcers, or services related to her impaired cognition.

The operator failed to ensure designated staff completed R3's NSA to address services needed as identified in the FCS and who provided those services.

- Review of R5's medical record revealed he moved into the facility on 11/01/23 with diagnoses of hyperlipidemia and atrial flutter.

R5's "Functional Capacity Screen" dated 01/08/24 revealed he needed physical assistance with activities of daily living including management of medications and medical treatments and had impaired cognition.

R5's "Negotiated Service Agreement" dated 01/08/24 and updated on 04/04/24 had medication management checked but did not identify that R4's medications would be administered to her by certified medication aides and/or licensed nursing staff. It failed to address services to be provided related to impaired cognition and failed to identify what service the resident received from a home health agency.

Observation on 05/15/24 at 12:35 PM R5 Administrative Staff A put a gait belt around R5

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S5105	Continued From page 7 and hung his indwelling catheter on his walker. Administrative Staff A helped R5 to stand up and then walked with the resident providing support while R5 held onto his four wheeled walker and walked into the restroom. Interview on 05/16/24 at 12:29 PM Administrative Nurse B reported R5 received skilled nursing from home health to manage his indwelling catheter. Administrative Nurse B acknowledged R5's NSA did not include services for needs as identified on his FCS and according to his service needs. The operator failed to ensure designated staff developed R5's NSA based upon his service needs as identified on the FCS.	S5105		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of eight residents (R). The sample included three residents. Based on observation, interview, and record review the	S5155		

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S5155	Continued From page 8	S5155		

operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R4) of three sampled residents by the failure to implement services related to the monitoring and provision of care for current heel pressure ulcers and history of a sacrum pressure ulcer.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 08/09/19 with diagnoses of dementia.

R4's "Functional Capacity Screen" (FCS) dated 01/09/24 revealed she needed physical assistance with all activities of daily living including mobility. She also had bladder incontinence and cognitive impairment. The FCS failed to identify R4 had any wounds and had Skilled Nursing therapy related to her wounds.

R4's "Negotiated Service Agreement" (NSA) dated 01/22/24 identified staff would provide assistance with ADLs but did not include any services related to pressure ulcers and medical treatments.

R4's "Health Care Service Plan" (HCSP) dated 01/22/24 failed to identify the resident had current pressure ulcers on her right heel and a history of sacrum ulcers. It lacked interventions to help reduce the risk of development or promote the healing of pressure ulcers.

Observation on 05/15/24 at 11:15 AM Administrative Staff A and Administrative Nurse B went to check R4 because staff reported a red/bruised area on her right hip. Observation of

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the area revealed an area measuring two inches by 0.5 inches with straight edges as if tape from her brief was on her skin and caused irritation/sensitivity to the area. The area had different shades of reddish purple to red with the surrounding tissue a light pinkish/red that blanched when touched. Administrative Nurse B reported the resident had had a history of poor skin integrity and then removed R4's socks to show areas on her heels. Administrative Nurse B removed the left sock and stated that heel was healed. She then removed the right sock which revealed two small open areas with yellow eschar in the center of them. One area was approximately the size of a pencil eraser and the other slightly smaller. Observation also revealed a foot cradle on her bed and heel boots on the shelf across from the end of her bed.

Interview on 05/15/24 at 01:4 PM Certified Nurse Aide (CNA) C reported R4 is totally dependent on staff to do everything for her including reposition in bed. She reported the area on her right hip was there a day or two ago. CNA C reported there are pillows staff put around her to position her in bed, she has boots on when in bed to protect her feet and has the bar across the bottom of the bed to protect her toes.

Interview on 05/15/24 at 02:27 PM CNA H reported R4 is dependent on staff for all care. CNA H reported R4 had a history of sores but today was the first time she had seen the one on her hip.

On 05/16/24 at 01:51 PM Administrative Nurse B reviewed R4's record and confirmed her HCSP did not include services related to the treatment and prevention of pressure ulcers.

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S5155	Continued From page 10 The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R4 by the failure to ensure the HCSP included services related to the treatment of and prevention of pressure ulcers.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The facility reported a census of eight residents(R). The sample included three residents, one of which received a therapeutic diet. Based on observation, interview, and record review the operator failed to ensure one (R4) of three sampled residents record included approved instructions from a medical care provider or licensed dietitian on how to prepare	S5185		

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S5185	Continued From page 11 R4's "minced and moist" stage five therapeutic diet. Findings included: - Review of the resident roster provided by Administrative Nurse B on 05/15/24 revealed R4 received a therapeutic diet. - R4's medical record revealed she moved into the facility on 08/09/19 with diagnosis of dementia. R4's "Functional capacity Screen" dated 01/09/24 revealed she required physical assistance with eating. R4's "Negotiated Service Agreement" revealed staff were to provide R4 a "minced and moist" diet and physical assistance, cues, and reminders as needed. R'4's record included a medical provider's order dated 09/01/23 to change R4's diet to "minced and moist" stage five diet. Observation on 05/15/24 at 11:50 AM Certified Nurse Aide (CNA) C had prepared chopped food for R4 in the food chopper. CNA C reported she put the hotdog, green beans, and baked potato in the chopper together and tried to chop it as fine as possible. CNA C said she wasn't sure if there were instructions on how to prepare it or not. On 05/15/24 at 11:57 AM Certified Medication Aide (CMA) E looked in the food notebook and said they used to have directions but could not find them. On 05/16/24 at 01:38 PM Certified Nurse Aide D	S5185		

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S5185	Continued From page 12 looked through the food book again and found the directions for preparing R4's diet. The instructions read to add food to grinder and add a little water or broth and grind each meal. The directions did not include foods that were not appropriate for a "minced' diet and were not approved by R4's medical provider. On 05/16/24 at 01:55 PM Administrative Nurse B reported she did not realize the instructions for a therapeutic diet needed to be approved by R4's medical provider or dietitian. The operator failed to ensure staff had instructions from a medical care provider or licensed dietitian on how to prepare a "minced moist" stage five diet.	S5185		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S5192		

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S5192	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of eight residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. Findings included: - On 05/15/24 at 09:51 AM review of the April 2024 and the May 2024 "Food Temp Log" revealed a four-column sheet. One column for the date and the other three for each meal. The logs had only one food temperature in each meal block for each day. The April 2024 "Food Temp Log" had six meals without any food temperature taken and the May 2024 log had ten meals without any temperatures. Review of the "Meal Menu" for week one, two, and three included more than one food item that required cooking to a specific degree to ensure thorough cooking and to ensure served at an acceptable hot temperature. It also included food items that needed to be served cold such as cottage cheese. On 05/15/24 at 09:55 AM Administrative staff A reviewed the May "Food Temp Log" and acknowledged there was only one temperature for each meal indicating only one food item checked for proper temperature. Administrative staff A reported he could not identify what food from that meal had been checked. Reference to the "Focus on Food Safety" guide from the Kansas Department of Agriculture	S5192		

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S5192	Continued From page 14 revised on August 2017 revealed poultry, stuffed meats and pastas had to be cooked to 165 degrees, ground beef or pork needed to be cooked to 155 degrees, whole muscle meat needed to be cooked to 145 degrees with a minimum hot holding temperature of 135 degrees Fahrenheit for all hot foods. It also included the maximum temperature for cold foods was 41 degrees Fahrenheit. Review of the undated policy for "Infection Control" that included a section on food preparation revealed that all cooked hot foods must be cooked and tested to be at least 165 degrees Fahrenheit and all foods served cold must be at 41 degrees Fahrenheit or below. The operator failed to ensure staff checked the temperature of foods as needed for all meals to ensure they were prepared and served at the proper temperatures.	S5192		
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.	S5230		

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	B087251	A. BUILDING: _____ B. WING _____	05/16/2024

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S5230	Continued From page 15 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of eight residents(R). The sample included three residents and five newly hired staff. Based on interview and record review for two (R3 ad R5) of three sampled residents, and four of five newly hired staff, the administrator 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 she moved into the facility on 04/16/24 with a diagnosis of atrial fibrillation. Her medical record failed to include a TB symptom screen. - R5's medical record revealed he moved into the facility on 11/01/23 with a diagnosis of atrial fibrillation. His record failed to include a TB symptom screen. On 05/15/24 at 03:28 PM Administrative Nurse B acknowledged a TB symptom screen had not been completed for R3 and R5. Administrative Nurse B thought the TB symptom screen only needed to be completed annually. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of residency.	S5230		

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S5230	Continued From page 16 Review of the undated "Infection Control" policy revealed TB lacked direction for completion of a TB symptom screen. The operator failed to ensure new residents received a TB symptom screen within seven days of residency. - Review of four newly hired employee files revealed the following: Certified Medication Aide (CMA) E' hired on 09/12/23 failed to have a TB symptom screen completed within seven days of hire in her employee file. Certified Nurse Aide (CNA) D, hired on 04/25/24 failed to have a TB symptom screen completed within seven days of hire in his employee file. CMA F hired on 02/25/23 failed to have a TB symptom screen completed within seven days of hire on record. Licensed Nurse G hired on 05/03/24 failed to have a TB symptom screen completed within seven days of hire on record. On 05/15/24 at 01:54 AM Administrative staff A reported TB symptom screen was done annually. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of employment. Review of the undated "Infection Control" policy revealed TB lacked direction for completion of a	S5230		

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S5230	Continued From page 17 TB symptom screen. The operator failed to ensure four of five newly hired staff completed a TB symptom screen in accordance with TB guidelines to ensure the facility remained in compliance of infection control guidelines.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of eight residents(R). The sample included three residents. Based on observation, 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 one (R4) of three sampled residents related to pressure ulcers. Findings included: - Review of R4's medical record revealed she moved into the facility on 08/09/19 with diagnoses of dementia.	S5251		

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R4's "Functional Capacity Screen" (FCS) dated 01/09/24 revealed she needed physical assistance with all activities of daily living including mobility. She also had bladder incontinence and cognitive impairment. The FCS failed to identify R4 had any wounds and had Skilled Nursing therapy related to her wounds.

R4's "Negotiated Service Agreement" (NSA) dated 01/22/24 identified staff would provide assistance with ADLs but did not include any services related to pressure ulcers and medical treatments.

R4's "Health Care Service Plan" (HCSP) dated 01/22/24 failed to identify the resident had current pressure ulcers on her right heel and a history of sacrum ulcers. It lacked interventions to help reduce the risk of development or promote the healing of pressure ulcers.

R4's medical record revealed the following documentation from 05/07/23 to 05/15/24 related skin condition and pressure ulcers:
05/30/23 - skin intact at this time no areas of concerns noted.
06/04/23 - red area around right hip observed, skin intact with no signs of trauma, will continue to monitor.
06/08/23 - home health nurse assessed resident, found new areas of redness to both lower legs, increased lethargy, and sent to hospital.
06/14/23 - returned form hospital with dressings to both heels and small pressure areas observed. R4 also had a dressing to coccyx covering two open areas.
06/16/23 - Dressing in place.
10/15/23 - skin warm and dry with discoloration to bilateral lower extremities as usual.
12/10/23 - Skilled Nursing (home health)

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continues weekly dressing changes to both heels due to history of skin breakdown. Interventions for skin breakdown remain in place with air loss mattress, heel boots bilaterally, and bed cradle.
01/25/24 - remains on home health services for skilled nursing.
03/04/24 - new order to discontinue wound care to Sacrum.
03/05/24 - skilled nursing continues for treatment to unhealed areas on bilateral heels, heel protectors continue to be used.
05/15/24 - Nurse received call from operator regarding skin impairment found by facility staff. Area to right hip observed to have bruising over right hip area with a small tear approximately 1.5 centimeters in length.

Review of R4's medical record failed to include documentation from the facility licensed nurse regarding her wounds, description of her wounds, measurements, treatments, and results of medical treatments.

Observation on 05/15/24 at 11:15 AM Administrative Staff A and Administrative Nurse B went to check R4 because staff reported a red/bruised area on her right hip. Observation of the area revealed an area measuring two inches by 0.5 inches with straight edges as if tape from her brief was on her skin and caused irritation/sensitivity to the area. The area had different shades of reddish purple to red with the surrounding tissue a light pinkish/red that blanched when touched. Administrative Nurse B reported the resident had had a history of poor skin integrity and then removed R4's socks to show areas on her heels. Administrative Nurse B removed the left sock and stated that heel was healed. She then removed the right sock which revealed two small open areas with yellow eschar

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S5251	Continued From page 20 in the center of them. One area was approximately the size of a pencil eraser and the other slightly smaller. Observation also revealed a foot cradle on her bed and heel boots on the shelf across from the end of her bed. Interview on 05/15/24 at 01:4 PM Certified Nurse Aide (CNA) C reported R4 is totally dependent on staff to do everything for her including reposition in bed. She reported the area on her right hip was there a day or two ago. CNA C reported there are pillows staff put around her to position her in bed, she has boots on when in bed to protect her feet and has the bar across the bottom of the bed to protect her toes. Interview on 05/15/24 at 02:27 PM CNA H reported R4 is dependent on staff for all care. CNA H reported R4 had a history of sores but today was the first time she had seen the one on her hip. On 05/16/24 at 01:52 PM Administrative Licensed Nurse B reported she is in the facility when the home health nurse visits and she does a skin assessment every once in awhile and looks at her heel wounds monthly with the medical provider. Administrative Licensed Nurse B acknowledged she did not have any documentation of skin assessment, wound measurements or description of R4's pressure ulcers. The operator failed to ensure R4's record included complete documentation related to R4's wounds and treatment of her wounds.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 21 (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: KAR 26-42-102(d)(2) The facility reported a census of eight residents. Based on record review and interview, the operator failed to provide evidence of completing the required criminal background check upon hire for two of five newly hired staff. This had the potential to affect all residents for whom the employees provided care. Findings included: - Review of newly hired employee records	S5258		

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S5258	Continued From page 22 revealed the following: Certified Nurse Aide (CNA) C was hired on 04/13/24 and her employee record lacked evidence of completion of a criminal background check. CNA D was hired on 04/25/24 and his employee record lacked evidence of completion of a criminal background check. On 05/15/24 at 01:35 PM Administrative Staff A looked for the criminal background receipts and results in CNA C and CNA D's file and acknowledged they were not there and reported he would check another file upstairs. On 05/15/24 at 01:50 PM Administrative Staff A provided criminal background receipts for completing CNA C and CNA D's criminal background today, 05/15/24. The operator failed to ensure newly hired employee records contained evidence of completion of the required criminal background checks completed upon hire.	S5258		
S5313 SS=E	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 23 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: KAR 26-42-205(g)(3) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package and/or bottle/tube of over-the-counter medications. Findings included: - On 05/15/24 at 10:22 AM Administrative Nurse B unlocked the medication cart for inspection which revealed the following: The top drawer contained a bottle of Refresh Tears with no name on the bottle and a foil packet of anesthetic lozenges with no name on it. The third drawer contained a green plastic bottle without a name on it that contained three Tylenol suppositories, a bottle of stool softener and stimulant laxative with no name on it, and a container of off brand daily fiber with initials on it. On 05/15/24 at 10:30 AM Administrative Nurse B reported the over-the-counter medications should have the resident's name and a date on them. The operator failed to ensure each over-the-counter medication package and the medication container included the residents' full name.	S5313		