STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

(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 06/06/24 and 06/10/24.	S 000		
S 225 SS=E	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1 execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of 10 residents(R). The sample included three residents and one focused record review. Based on interview and record review for one (R5) of three sampled residents and one (R6) of one focused reviews, the operator failed to have evidence of completing a written admission agreement with the resident or the resident's legal representative. Findings included: - Review of R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure. R5's record included a document titled "Admission Agreement" and another titled "Addendum to Admission Agreement" dated 05/21/24. The "Admission Agreement" did not include signatures of facility representative, the resident, or his legal representative. The	S 225		

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S 225	Continued From page 2 "Addendum to Admission Agreement" included Operator A's signature and date of 05/21/24, but not the signature of the resident or his legal representative. On 06/24/24 at 02:54 PM Operator A reported he had thought the resident's legal representative had signed the admission agreements but upon reviewing the documents, Operator A acknowledged neither document was signed by the resident or his legal representative. The operator failed to ensure at the time of admission, a written agreement was executed with R5 or his legal representative. - Review of R'6's medical record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II. R6's record included a document titled "Admission Agreement" and another titled "Addendum to Admission Agreement" dated 05/21/24. The "Admission Agreement" did not include signatures of facility representative, the resident, or her legal representative. The "Addendum to Admission Agreement" included Operator A's signature and a date of 05/21/24, but not the resident or her legal representative. On 06/24/24 at 02:54 PM Operator A reported he had thought the resident's legal representative had signed the admission agreements but upon reviewing the documents, Operator A acknowledged neither document was signed by the resident or his legal representative. The operator failed to ensure at the time of admission, a written agreement was executed with R6 or her legal representative.	S 225		

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S5080 SS=E	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(a) The facility reported a census of 10 residents(R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure one (R5) of three sampled residents, and one (R6) of one focused record review, had their admission screening for determination of functional capacity completed on or before moving into the facility. Findings included: - Review of R5's medical record revealed he moved into the facility on 05/21/24 with a	S5080		

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S5080	Continued From page 4 diagnosis of chronic heart failure. R5's medical record lacked an admission "Functional Capacity Screen". On 06/06/24 at 03:17 PM via phone interview, Administrative Licensed Nurse acknowledged she had not completed the "Functional capacity Screen" for R5. The operator failed to ensure designated staff completed a "Functional Capacity Screen" for R5 on or before moving into the facility. - R6's medical record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II. R6's medical record lacked an admission "Functional Capacity Screen". On 06/06/24 at 03:17 PM via phone interview, Administrative Licensed Nurse acknowledged she had not completed the "Functional capacity Screen" for R6. Review of the facility's undated "Resident Functional Capacity Screening" policy revealed that on or before each individual is admitted to the facility a licensed nurse or the operator shall conduct a screening to determine the indivuduals functional capcaty. The operator failed to ensure designated staff completed a "Functional Capacity Screen" for R6 on or before moving into the facility.	S5080		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment	S5085		

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S5085	Continued From page 5 (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 ten residents (R). The sample included three residents and one focused record review. Based on record review, and interview the operator failed to ensure designated staff completed one (R4) of three sampled resident's "Functional Capacity Screen" at least every 365 days. Findings included: - R4's medical record revealed she moved into the facility on 10/26/22 with a diagnosis of diabetes mellitus type II. R4's medical record included a "Functional Capacity Screen" (FCS) dated 03/06/23 that identified she required physical assistance with bathing, unable to participate in management of her medications or her medical treatments. R4 did not have a FCS completed after 03/06/23, more than 85 days past due. On 06/10/24 at 12:35 PM Administrative Licensed Nurse B reported she did not know how often the	S5085		

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S5085	Continued From page 6 FCS needed to be completed. Review of the undated facility "Resident Functional Capacity Screening" policy revealed designated staff (the operator) shall conduct a screening to determine each resident's functional capacity at least every 365 days.	S5085		
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 ten residents(R). The sample include three residents and one focused record review. Based on interview, and record review the operator failed to ensure designated staff completed two (R3 and R5) of three sampled residents and one (R6) of one focused resident's "Functional Capacity Screen" accurately and completely to reflect the resident's functional ability. Findings Included: - Review of R3's medical record revealed he had moved into the facility on 04/03/24 with diagnosis of Huntington's disease (rare abnormal hereditary condition characterized by progressive	S5095		

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S5095	Continued From page 7	S5095		

mental deterioration; a disabling central nervous system movement disorder).

R3's "Functional Capacity Screen" (FCS) dated 04/03/24 had a line drawn through the "Instrumental Activities of Daily Living" section and the cognition section was blank.

On 06/10/24 at 12:56 PM Administrative Licensed Nurse B stated the line drawn through the "Instrumental Activities of Daily Living" section on the FCS meant that none of those areas were applicable and the cognition section was blank because Licensed Nurse G had told her to look at another form to figure out how to code the cognition, so she left it blank.

The operator failed to ensure designated staff completed R3's FCS accurately and completely to identify R3's functional needs.

- R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure.

Review of R5's medical record included a "Functional Capacity Screen" (FCS) dated 05/21/24 that had a line drawn through the "Instrumental Activities of Daily Living" section and the cognition section was blank.

On 06/10/24 at 12:09 PM Administrative Licensed Nurse B reported she did a little assessment when he moved into the facility, but they could not find the paperwork for the FCS and so when she came and did it on 06/07/24 she just back dated it. During the same conversation, Administrative Licensed Nurse B stated the line drawn through the "Instrumental Activities of Daily Living" section on the FCS meant that none of those areas were

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S5095	Continued From page 8	S5095		

applicable and for the cognition section Licensed Nurse G had told her to look at another form to figure out how to code the cognition, so she left it blank.

The operator failed to ensure designated staff completed R5's FCS accurately and completely to identify R5's functional needs.

- R6's medical record revealed she moved into the facility on 05/21/24 with diagnosis of diabetes mellitus type II.

Review of R6's record on 06/10/24 included a "Functional Capacity Screen" (FCS) dated 05/21/24 that had a line drawn through the "Instrumental Activities of Daily Living" section and the cognition section was blank.

On 06/10/24 at 12:09 PM Administrative Licensed Nurse B reported she did a little assessment when he moved into the facility, but they could not find the paperwork for the FCS and so when she came and did it on 06/07/24 she just back dated it. During the same conversation, Administrative Licensed Nurse B stated the line drawn through the "Instrumental Activities of Daily Living" section on the FCS meant that none of those areas were applicable and for the cognition section Licensed Nurse G had told her to look at another form to figure out how to code the cognition, so she left it blank.

Review of the undated "Resident Functional Capacity Screening' policy revealed the operator shall ensure that each residents functional capcity at the time of screenng is accuratly reflected.

The operator failed to ensure designated staff completed R6's FCS accurately and completely to

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S5095	Continued From page 9 identify R6's functional needs.	S5095		
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 10 residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure staff reviewed and revised two (R4 and R5) of three sampled resident's "Negotiated Service Agreement" at least every 365 days and when the resident had a significant change. Findings Included: - R4's medical record revealed she moved into the facility on 10/26/22 with diagnosis of diabetes mellitus type II.	S5116		

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S5116	Continued From page 10 R4's most current "Functional Capacity Screens" (FCS) dated 03/06/23 revealed R4 needed physical assistance with bathing, had impaired vision and decision making and was unable to manage her own medications and medical treatments. R4's most current "Negotiated Service Agreement" (NSA) was dated 09/25/22 with signatures of the licensed nurse, R4, and R4's legal representative. At the top of the page, it had hand written "Revised 03/08/23" with Administrative Licensed Nurse B's initials but did not include any revision dated 03/08/23 and was more than 85 days overdue. On 06/10/24 at 12:43 PM Administrative Licensed Nurse B reported she did not know how often the NSA needed to be done or revised. She acknowledged she had written "Revised 03/28/23" at the top of the page. Administrative Licensed Nurse B acknowledged it had not been reviewed and revised at least every 365 days or when resident started administering her own insulin. The administrator failed to ensure designated staff reviewed and revised R4's NSA at least every 365 days and for a significant change in status. - Review of R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure. Review of R5's medical record on 06/06/24 revealed it lacked an admission "Functional Capacity Screen".	S5116		

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S5116	Continued From page 11 R5's "Negotiated Service Agreement" dated 05/21/24 did not include any outside services such as Hospice. R5's record included a medical provider's order dated 05/28/24 to continue services with a local Hospice provider. On 06/10/24 at 12:21 PM Administrative Licensed Nurse B reported he had been on Hospice services prior to moving in. Hospice arrived on the 28th of May and wrote orders and started services here. On 06/10/24 at 12:43 PM Administrative Licensed Nurse B reported she did not know how often the NSA needed to be done or revised or when to do an addendum for changes in services. The administrator failed to ensure designated staff reviewed and revised R5's NSA when he started Hospice services in the facility.	S5116		
S5117 SS=E	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (e) The facility reported a census of 10 residents (R).	S5117		

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S5117	Continued From page 12	S5117		

The sample included three residents and one focused record review. Based on interview, and record review the operator failed to ensure a Licensed Nurse participated in the development of the "Negotiated Service Agreement" for one (R5) of three sampled residents and one (R6) of one focused residents whose negotiated service agreement identified they needed health care services.

Findings included:

- Review of R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure.

Review of R5's record on 06/06/24 it did not include an admission "Functional Capacity Screen" to identify health services R5 needed.

R5's "Negotiated Service Agreement" (NSA) dated 05/21/24 had personal care services marked including bathing, toileting, and incontinence assistance, mobility assistance, assistance with dressing, and transferring assistance. It also had marked medication administration, blood sugar checks and weight as Health Care Services provided. The NSA included the signature of Operator A and of the resident's legal representative but did not include a signature of the licensed Nurse.

On 06/10/24 at 01:30 PM Certified Medication Aide C reported R5 needed help in the restroom and if he is incontinent because he has a history of falling in the bathroom. Staff also help him with transfers as needed and we give him his medications.

On 06/06/24 at 02:54 PM Operator A

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S5117	Continued From page 13 acknowledged he had completed the NSA. On 06/06/24 at 03:17 PM Administrative Licensed Nurse B reported the Operator completed the NSA and she had not reviewed it. Review of the undated "Negotiated Service Agreement" policy revealed a licensed nurse shall participate in the development of the NSA if health care services are needed. The operator failed to ensure that a licensed nurse participated in the development, of R5's NSA. - Review of R6's record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II. Review of R6's record on 06/06/24 it did not include a Functional Capacity Screen to identify health service R6 needed. R6's Negotiated Service Agreement dated 05/21/24 had personal care services of bathing, toileting and incontinence assistance, mobility assistance , assistance with dressing and transferring assistance all marked. It also had marked Medication administration, blood sugar checks and vital signs marked as Health Care Service needs. On 06/10/24 at 01:32 PM Certified Medication Aide (CMA) C reported R6 is confused so we must help her with a lot with things. She will get up out of her chair without assistance and is at risk for falls. CMA C stated the staff give her medications, help cue and prompt her with getting dressed, toileting, and with eating.	S5117		

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S5117	Continued From page 14 On 06/06/24 at 02:54 PM Operator A acknowledged he had completed the NSA. On 06/06/24 at 03:17 PM Administrative Licensed Nurse B reported the Operator completed the NSA and she had not reviewed it. Review of the undated "Negotiated Service Agreement" policy revealed a licensed nurse shall participate in the development of the NSA if health care services are needed. The operator failed to ensure that a licensed nurse participated in the development, of R5's NSA.	S5117		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of 10 residents (R). The sample included three residents with one focused record review. Based on interview and record review for two (R4 and R5) of three sampled residents, the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement.	S5126		

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	B087221	A. BUILDING: _____ B. WING _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

(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
S5126	Continued From page 15 Findings included: - R4's medical record revealed she moved into the facility on 10/26/22 with diagnosis of diabetes mellitus type II. R4's most current "Functional Capacity Screens" (FCS) dated 03/06/23 revealed R4 needed physical assistance with bathing, had impaired vision and decision making and was unable to manager her own medications and medical treatments. R4's most current "Negotiated Service Agreements" (NSA) is dated 09/25/22, had hand written at the top of the page, "Revised 03/08/23" with Administrative Licensed Nurse B's initials but failed to include signatures of the resident and/or her legal representative. On 06/10/24 at 12:43 PM Administrative Licensed Nurse B reported she did not know she needed to have R4 and/or her legal representative sign the NSA when she revised it on 03/08/23. Review of the undated "Negotiated Services Policy" revealed that everyone involved in the development of the negotiated service agreement shall sign the agreement. The operator failed to ensure each person involved in the review/revision of R4's NSA signed it. - R5's medical record revealed he moved into the facility on 05/21/24 with diagnosis of chronic heart failure. Review of R5's record on 06/06/24 failed to include an admission "Functional Capacity	S5126		

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S5126	Continued From page 16	S5126		

Screen".

R5's "Negotiated Service Agreement" (NSA) dated 05/21/24 included the signature of the operator but no one else.

On 06/06/24 at 02:54 PM Operator A acknowledged he had completed the NSA and thought he had family sign it when they brought him into the facility but must not have.

Review of the undated "Negotiated Services Policy" revealed that everyone involved in the development of the negotiated service agreement shall sign the agreement.

The operator failed to ensure each person involved in the development of R5's NSA signed it.

- R6's record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II.

Review of R6's record on 06/06/24 failed to include an admission "Functional Capacity Screen".

R6's "Negotiated Service Agreement' (NSA) dated 05/21/24 included the signature of the operator but no one else.

On 06/06/24 at 02:54 PM Operator A acknowledged he had completed the NSA and thought he had family sign it when they brought her into the facility but must not have.

Review of the undated "Negotiated Services Policy" revealed that everyone involved in the development of the negotiated service agreement

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S5126	Continued From page 17 shall sign the agreement. The operator failed to ensure each person involved in the development of R6's NSA signed it.	S5126		
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 10 residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff assessed two (R3 and R5) of three sampled resident's assistive device to ensure that it was secure, not a restraint, and the resident could use it safely. Findings included: - R3's medical record revealed he moved into the facility on 04/03/24 with a diagnosis of Huntington's disease. R3's "Functional Capacity Screen" (FCS) dated 04/03/24 revealed he was unable to participate in transfers and mobility. It included a wheelchair as an assistive device. R3's "Negotiated Service Agreement" dated 04/03/24 had marked he was unable to	S5171		

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S5171	Continued From page 18	S5171		

participate in transfers or mobility. NSA failed to record the use of bilateral half rails as an assistive device.

R3's medical record lacked an assessment to identify the half rails attached to his bed were secure, safe, and resident was able to use the devices safely.

Observation on 06/06/24 at 10:59 AM revealed Certified Medication Aide (CMA) C and CMA D brought R3 in from outside and assisted him into his bed. Observation revealed bilateral half rails in the raised position on the top half of R3's bed.

On 06/10/24 at 12:19 PM Administrative Licensed Nurse B confirmed she had not completed an assessment on the use of, safety of, and need for half bed rails for R3 and the record lacked an assessment.

The operator failed to ensure designated staff assessed the functionality of R3's half bed rails and ensure they were safe to use and not a restraint for R3.

- R5's record revealed he moved into the facility on 05/21/24 with diagnosis of chronic heart failure.

Review of R5's record on 06/06/24 failed to include an admission "Functional Capacity Screen".

R5's "Negotiated Service Agreement" (NSA) dated 05/21/24 had personal care services marked including mobility assistance and transferring assistance. It did not include that R5 had half rails in the raised position on his bed as an assistive device.

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S5171	Continued From page 19 Interview on 06/10/24 at 12:19 PM R5 reported he used his bed rails and he would not be able to get out of bed by himself without them. On 06/10/24 at 12:19 PM Administrative Licensed Nurse B reported she had not completed an assessment on the use of, safety of, and need for half bed rails for R5 and as far as she knew there was not one. The operator failed to ensure designated staff assessed the functionality of R5's half bed rails and ensure they were safe to use and not a restraint for R5.	S5171		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of ten residents. Based on observations, record review, and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included:	S5195		

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S5195	Continued From page 20 - Observations during initial tour on 06/06/24 revealed the following foods were not stored and labeled according to food safety guidelines: Observation at 08:12 AM the main refrigerator contained a bowl of corn covered with foil, a plate with corn and some type of meat, a baggie of sliced watermelon, and a baggie with a partial head of cabbage that had black/rotten areas in it. All the above items did not include a label to identify the date the food was put in the refrigerator to know when it needed to be discarded. The small black refrigerator contained bacon in a baggie that had a resident's name on it but no date. It also contained a container of yogurt that was eight days past it's best by date of 05/29/24 and a paper bag with a Fast-Food box in it. The taller black refrigerator contained a baggie with ham in it but no date on it and a baggie of some other type of food without a label or date on it. Certified Medication Aide (CMA) C stated she thought the unidentifiable baggie contained homemade Salsbury steak from the another day. The refrigerator also contained a baggie of rice that was not dated. On 06/06/24 at 08:31 AM Certified Medication Aide C reported the small black refrigerator was a resident refrigerator and the taller black refrigerator was for staff. CMA C reported she did not realize the foods in those refrigerators needed to be dated. Review of the "Focus on Food Safety" guide Revised August 2017 provided the following directions for storing food: Foods must be date marked if it is prepared on-site, or commercially processed, after the	S5195		

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S5195	Continued From page 21 original container is opened and held under refrigeration, if it is considered a potentially hazardous food, ready to eat or if to be held for more than 24 hours. Food can be held for seven days in adequate refrigeration and needs to be marked with the day by which the food is to be consumed or discarded. Review of the facility's "Food Storage" policy revealed employees are to mark the date by which food is to be consumed or discarded and foods can only be held for seven days in adequate refrigeration. The operator failed to ensure staff stored prepared foods to include label and date of when food is to be consumed or discarded.	S5195		
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	S5230		

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S5230	Continued From page 22 by: K.A.R 26-42-207(c) The facility reported a census of ten residents(R). The sample included three residents, one focused resident review, and four newly hired staff. Based on interview and record review for three (R3, R4 and R5) of three sampled residents, one (R6) of one focused review, and four of four newly hired staff, 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: - Review of R3's medical record revealed he had moved into the facility on 04/03/24 with diagnosis of Huntington's disease (rare abnormal hereditary condition characterized by progressive mental deterioration; a disabling central nervous system movement disorder). R3's record lacked completion of a TB symptom screen and a two-step TB skin test. On 06/10/24 at 12:53 PM Administrative Licensed Nurse B acknowledged she had not completed the TB symptom screen or the two-step skin test for R3. - R4's medical record revealed she moved into the facility on 10/26/22 with diagnosis of diabetes mellitus type II. R4's record included a TB symptom screen and a two-step TB skin test completed in March and April of 2023 but had not had an annual TB symptom screen completed.	S5230		

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S5230	Continued From page 23 On 06/10/24 at 12:53 PM Administrative Licensed Nurse B acknowledged R4's record lacked evidence of completion of an annual TB symptoms screen. - R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure R5's record lacked completion of a TB symptom screen and a two-step TB skin test. On 06/10/24 at 12:53 PM Administrative Licensed Nurse B acknowledged she had not completed the TB symptom screen or the two-step skin test for R3. - Review of R6's medical record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II. R6's record lacked completion of a TB symptom screen and a two-step TB skin test. On 06/10/24 at 12:53 PM Administrative Licensed Nurse B acknowledged she had not completed the TB symptom screen or the two-step skin test for R6. 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 and a two step TB skin test or equivalent, within seven days of residency and a TB symptom screen annually thereafter. For R3, R4, R5, and R6 the operator failed to ensure the facility remained in compliance with	S5230		

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S5230	Continued From page 24 TB guidelines by the failure to have a TB symptom screen and two-step TB skin test initiated within seven days of residency and a TB symptom screen completed annually thereafter. - Review of four newly hired employee files revealed the following: Certified Medication Aide (CMA) C hired on 01/31/24 had a TB symptom screen completed on 01/31/24 but failed to have a two-step TB skin test. CMA D, hired on 12/06/23 failed to have a TB symptom screen or a two-step TB skin test completed within seven days of her hire date. CMA E hired on 11/10/23 had a TB symptom screen completed on 11/10/23 but failed to have a two-step TB skin test completed within seven days of hire. CMA F hired on 02/15/24 had a TB symptom screen completed on 02/15/14 but failed to have a TB symptom screen completed within seven days of her hire date. On 06/06/24 at 02:51 PM Administrative Staff A reported the employees must have had it completed at a different facility and failed to bring it in. On 06/06/24 at 12:47 PM Administrative Licensed Nurse B reported she knew she needed to get TB skin tests done on everyone, including residents and staff. Administrative Licensed Nurse B also reported she did not know when they are due but thought maybe once a year. Review of the "Tuberculosis (TB) Guidelines for	S5230		

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S5230	Continued From page 25 Adult Care Homes" June 2013 revealed each new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire and a two step TB skin test or equivalent, within seven days of employment. The operator failed to ensure four of four newly hired staff had a two-step TB skin test initiated within seven days of employment for the facility to remain in compliance with TB guidelines.	S5230		
S5251 SS=E	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 10 residents(R). The sample included three residents and one focused record review. 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 and one (R6) of one focused record review. Findings included: - Review of R3's record revealed he moved into	S5251		

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S5251	Continued From page 26 the facility on 04/03/24 with diagnosis of Huntington's disease. Review of R3's record on 06/06/24 failed to include an admission "Functional Capacity Screen". R3's "Negotiated Service agreement had marked personal services for bathing, toileting and incontinence assistance, mobility assistance, and assistance with dressing It also had marked health care services of medication administration, dressing changes, vital signs, weight, and other supervised/skilled services. R3's record included medical providers order dated 04/12/24 for Home Health physical, occupational, and speech therapy to eval and treat, order to use a mechanical lift for transfers, and to change his position every two hours related to pressure ulcer to coccyx starting. Review of R3's "Nurses Notes" included four dated entries as follows: 04/03/24 - confined to wheelchair, food is pureed with thickened liquids. 04/12/24 - (no time noted) - on 04/08/24 bed bath given with purple bruise- 04/10/24 same bruise on left thigh is bigger and assessed by medical provider. Bruising from left side bar on wheelchair. 04/15/24 - legal representative gave permission for therapy services as ordered. R3's record lacked documentation of a licensed nurse assessing R3's skin related to bruising, assessment of coccyx related to potential for pressure ulcer, or if therapy services were started or not.	S5251		

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S5251	Continued From page 27 On 06/10/24 at 12:58 PM Administrative Licensed Nurse B reported R3 had fallen out of his wheelchair and EMS was contacted to get him up off the floor. Interview on 06/10/24 at 01:00 PM Administrative Licensed Nurse B reported she expected the certified staff to document in the chart whenever something happened and has told them to document in the charts. Interview on 06/10/24 at 01:12 PM Administrative Licensed Nurse B had reviewed R3's Nursing Notes and acknowledged his record should have included follow up as to the results of the labs, documentation on his skin assessments, follow up on the therapy orders, and documentation of when he slid out of his chair and EMS had to be called to get him up off the floor. The operator failed to ensure designated staff documented all incidents, signs of illness, what was done, and results of the action taken for R3. - R4 moved into the facility on 10/26/22 with a diagnosis of diabetes mellitus type II. R4's most current "Functional Capacity Screens" (FCS) dated 03/06/23 revealed R4 needed physical assistance with bathing, had impaired vision and decision making and was unable to manager her own medications and medical treatments. R4's most current "Negotiated Service Agreements" (NSA) dated 09/25/22 with handwritten "Revised 03/08/23" with Administrative Licensed Nurse B's initials at the top of the page. It had marked bathing assistance, Certified Medication Aide and	S5251		

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S5251	Continued From page 28 Licensed Nurse to administer medications, complete dressing changes and perform blood sugar checks. Review of R4's medical record included the following "Nurses Notes": 12/10/22 - resident disoriented with elevated temperature of 105 degrees Fahrenheit, EMS to transport to local hospital. The record lacked documentation of when she went to the hospital. 12/16/22 - returned home from hospital post toe amputation. The record lacked a nurse's assessment of the resident's status post hospital return and change in status. 01/09/23 - medical provider with new orders for Bactrim (antibiotic) related to foot infection. The record lacked follow up on results of the antibiotic related to R4's foot infection. 02/27/23 -medical provider at facility and resident complained of pain in her hip down to her knee, lidocaine patch ordered. 03/06/24 - lidocaine patch and heating pad have increased hip pain. 03/28/23 - medical provider at facility and ordered tramadol twice a day for right hip pain. The record lacked documentation of the resident's continued hip pain, follow up on pain medication changes and effectiveness, follow up notification of medical provider, what was done and results of action. It also lacked documentation that the resident had gone to a local hospital and the reason for going. 05/02/23 - returned form rehabilitation and can transfer self from wheelchair to chair and bed. Staff reiterated the need to always have shoes on when out of bed and to have help when using the bathroom. 05/05/23 - staples removed from right lateral	S5251		

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thigh from hip replacement.
07/03/23 included a "late Entry" resident fell in bathroom on 04/21/23 and complained of broken leg and was sent via emergency management services to local hospital. Documentation was 73 days after she had fallen and fractured her hip.
12/05/23 - medical provider increased Lyrica for hip pain.
The record lacked follow up as to the results of the pain medication increase.
01/04/24 - medical provider ordered Bumex (diuretic) 1 milligram every morning for pitting edema in ankles.
The record lacked follow for the edema.
06/02/24 - Hospital called and resident had elevated lab levels and wanted more labs drawn. Residents' legal representative to take her to get labs drawn.
The record lacked documentation that the resident was admitted to the hospital and why.

Observation on 06/06/24 at 02:33 PM R4 returned from the hospital walking into the facility without use of an assistive device. She stated to staff that she had new prescriptions and thought she was going to lose another toe, but they did not have to do surgery.

Interview on 06/10/24 at 01:00 PM Administrative Licensed Nurse B reported she expected the certified staff to document in the chart whenever something out of the ordinary happened and has told them to document in the charts.

Interview on 06/10/24 at 02:30 PM Administrative Licensed Nurse B acknowledged R4's record should have included documentation related to R4 going to the hospital, when she started a new medication if it was effective or not, and documentation of her fall in the bathroom and

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S5251	Continued From page 30	S5251		

hospitalization for the fracture.

The operator failed to ensure designated staff documented all incidents, signs of illness, actions, and results of the actions taken for R4.

- Review of R5's medical record revealed he moved into the facility on 05/21/24 with a diagnosis of chronic heart failure.

Review of R5's record on 06/06/24 lacked an admission "Functional Capacity Screen" to identify health services R5 needed.

R5's "Negotiated Service Agreement" (NSA) dated 05/21/24 had personal care services marked including bathing, toileting, and incontinence assistance, mobility assistance, assistance with dressing, and transferring assistance. It also had marked medication administration, blood sugar checks and weight as Health Care Services provided.

Review of R5's record lacked "Nurse's Notes" or documentation in R5's record of his status upon moving into the facility or that he started services with a local Hospice company.

On 06/10/24 at 12:26 PM Administrative Licensed Nurse B reported she has told the certified staff they are to write in the nurse's notes whenever anything out of the ordinary happened. Administrative Licensed Nurse B stated they call her when anything happens, and she tries to remind them to document in the chart. She reported R5 fell on the day he moved into the facility and then again when getting out of an armless chair and staff failed to document his falls in the chart.

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S5251	Continued From page 31 The operator failed to ensure designated staff documented in the resident's record that he had moved into the facility, both of his falls and follow up on the falls to ensure he had no injuries post fall. - Review of R6's record revealed she moved into the facility on 05/21/24 with a diagnosis of diabetes mellitus type II. Review of R6's record on 06/06/24 it did not include a Functional Capacity Screen to identify health service R6 needed. R6's Negotiated Service Agreement dated 05/21/24 had personal care services of bathing, toileting and incontinence assistance, mobility assistance , assistance with dressing and transferring assistance all marked. It also had marked Medication administration, blood sugar checks and vital signs marked as Health Care Service needs. Review of R6's record lacked "Nurse's Notes" or documentation in R6's record of her status upon moving into the facility. On 06/10/24 at 01:30 PM Administrative Licensed Nurse B acknowledged R6 should have had documentation in her record of her moving in and status upon arrival and acknowledged documentation in resident's record was lacking. The operator failed to ensure designated staff documented in R6's record that she had moved into the facility and her status upon moving in.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 32 (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)(1)(2) The facility reported a census of ten residents. Based on record review and interview, the operator failed to provide evidence of completing the required criminal background check and registry checks upon hire for two of four newly hired staff. This had the potential to affect all residents for whom the employees provided care. Findings included:	S5258		

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S5258	Continued From page 33 - Review of newly hired employee records revealed the following: Certified Medication Aide (CMA) C was hired on 01/31/24 and her employee record revealed her registry check was not completed until 03/19/24 and her criminal background was not submitted until 02/14/24. CMA E was hired on 11/10/23 and her employee record lacked a registry check and revealed her criminal background check was not submitted until 02/13/24. On 06/06/24 at 02:55 PM Administrative staff A reported he did not know where CMA E's registry check could be because they are always done and thought maybe those that were done late, criminal background check and registry check, were identified as not getting done when an internal audit was completed. The operator failed to ensure newly hired employee records contained evidence of completion of the required registry check and criminal background checks completed upon hire.	S5258		
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	S5265		

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S5265	Continued From page 34 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) The facility reported a census of ten Residents (R). The sample included three residents and one focused record review. Based on interview, and record review for one (R4) of one resident who self-administered her insulin, the operator failed to ensure a Licensed Nurse (LN) assessed the resident's ability to self-administer the insulin safely and accurately at least annually. Findings included: - R4's medical record revealed she moved into the facility on 10/26/22 with a diagnosis of diabetes mellitus type II. R4's medical record included a "Functional Capacity Screen" (FCS) dated 03/06/23 that identified she was unable to participate in the task of management of her medications or medical treatments. R4's Negotiated Service Agreement "revised" on 03/08/23 revealed Certified Medication Aides and Licensed Nurses to administer medications and	S5265		

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S5265	Continued From page 35 staff to complete diabetic food checks daily and blood sugar checks. Review of R4's medical record failed to include an assessment for R4's ability to self administer her insulin. Interview on 06/10/24 at 01:29 PM Certified Medication Aide C reported staff gave R4 her insulin pen and R4 prepares the pen and dials it to the correct dosage and then staff check to make sure she dialed it to the correct dose. Interview on 06/10/24 at 12:50 PM Administrative Licensed Nurse B confirmed R4 self-administered her insulin including preparing the pen and dialing it to the correct dosage. Administrative Licensed Nurse B reported she had not completed a self-administration assessment for R4 and record lacked one. The operator failed to ensure a licensed nurse assessed R4's ability to self-administer her insulin at least annually.	S5265		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides	S5300		

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S5300	Continued From page 36 shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 10 residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure staff administered medications, including as needed (PRN) medications according to standards of practice for three (R3, R4, R5) of three sampled residents. Findings included: - Review of R3's medical record revealed he moved into the facility on 04/03/24 with diagnosis of Huntington's disease. R3's "Functional Capacity Screen" dated 04/03/24 revealed management of medications had a line drawn through it. R3's "Negotiated Service Agreement" dated 04/03/24 had checked the health care service for medication administration. Review of R3's April 2024 Medication Administration Record (MAR) revealed staff had initialed administering as needed (PRN) Lorazepam (antianxiety) nine times but only documented administration four times on the	S5300		

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back of the MAR to include the time and reason for administration. Staff failed to document follow up on results of the medication being administered.

Review of R3's June 2024 MAR revealed staff administered Loperamide once for loose stools with no documentation for results.

Interview on 06/10/24 at 01:14 PM Administrative Licensed Nurse B stated she expected staff to sign their initials each time the medication was administered and sign it out on the narcotic book if it was a narcotic. Administrative Licensed Nurse B stated she did not know the standard of practice for documenttion of PRN medications on the MAR. She confirmed the entries did not include results of medication given.

Interview on 06/10/24 at 01:44 PM Certified Medication Aide reported if a resident wanted a PRN medication, staff called the nurse if it was kept in the lock box and then initialed on the front of the MAR, gave it and then filled out the rest of the information on the back of the MAR, the date, time, what was given, and why.

Review of the undated "Medication Management" policy revealed for residents medications the facility is responsible for administering, the operator shall ensure all medications and biologicals are administered in accordance with professional standards of practice.

The operator failed to ensure staff who administered PRN medications documented the administration according to standards of practice.

- R4's medical record revealed she moved into the facility on 10/26/22 with diagnosis of diabetes

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S5300	Continued From page 38 mellitus type II. R4's most current "Functional Capacity Screens" (FCS) dated 03/06/23 revealed R4 was unable to manage her own medications and medical treatments. R4's most current "Negotiated Service Agreement" (NSA) was dated 09/25/22 "Revised 03/08/23" was handwritten on top of the page. The NSA had marked health care services of medication administration, dressing changes, and blood sugar checks. Review of R4's May 2024 "Medication Administration Record" (MAR) revealed staff initialed administering as needed Hydrocodone-APAP (a narcotic pain medication) 38 times. Staff only documented on the back of the MAR 15 times and only one of those times included that the medication was effective. Interview on 06/10/24 at 01:14 PM Administrative Licensed Nurse B stated she expected staff to sign their initials each time the medication was administered and sign it out on the narcotic book if it was a narcotic. Administrative Licensed Nurse B stated she did not know the standard of practice for documenting on the back of the MAR, but confirmed the entries did not include follow up for results of medication given. Interview on 06/10/24 at 01:44 PM Certified Medication Aide reported if a resident wanted a PRN medication, staff called the nurse if it was kept in the lock box and then initial on the front of the MAR, we gave it and then fill out the rest of the information on the back of the MAR, the date, time, what was given, and why.	S5300		

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Review of the undated "Medication Management" policy revealed for resident's the facility is responsible for administering medications the operator shall ensure all medications and biologicals are administered in accordance with professional standards of practice.
The operator failed to ensure staff who administered PRN medications documented the administration according to standards of practice.

- Review of R5's medical record revealed he moved into the facility on 05/21/24 with diagnosis of chronic heart failure.

Review of R5's record on 06/06/24 did not include an admission "Functional Capacity Screen" to identify health services R5 needed.

R5's "Negotiated Service Agreement" (NSA) dated 05/21/24 had marked medication administration, blood sugar checks and weight as Health Care Services provided.

Review of R5's June 2024 Medication Administration Record revealed staff initialed administering his Hydrocodone -APAP (narcotic pain medication) 5/325 three times and the Hydrocodone 7.5/325 10 times. Staff documented administration of the medications 11 times on the back of the MAR with only five times identified "good" results. The MAR also revealed staff initialed administration of R5's Ondansetron (antiemetic) once and failed to document on the back of the MAR when and why it was administered and the results of the PRN medication.

Interview on 06/10/24 at 01:14 PM Administrative Licensed Nurse B stated she expected staff to sign their initials each time the medication was

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S5300	Continued From page 40 administered and sign it out on the narcotic book if it was a narcotic. Administrative Licensed Nurse B stated she did not know the standard of practice for documenting on the back of the MAR, but confirmed the entries did not include follow up of results of medication given. Interview on 06/10/24 at 01:44 PM Certified Medication Aide reported if a resident wanted a PRN medication, staff called the nurse if it was kept in the lock box and then initial on the front of the MAR, we gave it and then fill out the rest of the information on the back of the MAR, the date, time, what was given, and why. Review of the undated "Medication Management" policy revealed for resident's the facility is responsible for administering medications the operator shall ensure all medications and biologicals are administered in accordance with professional standards of practice. The operator failed to ensure staff administered and documented PRN medication administration according to standards of practice.	S5300		
S5301 SS=D	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	S5301		

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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)

The facility reported a census of ten residents (R). 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 one (R3) of three sampled residents for whom the facility was responsible for administering their medications.

Findings included:

- Review of R3's medical record revealed he moved into the facility on 04/03/24 with diagnosis of Huntington's disease.

R3's "Functional Capacity Screen" dated 04/03/24 revealed management of medications had a line drawn through it.

R3's "Negotiated Service Agreement" dated 04/03/24 had checked the health care service for medication administration.

Review of R3's April 2024 Medication Administration Record (MAR) revealed staff failed

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S5301	Continued From page 42 to initial administration of the following medications: Dialproex twice of twenty-eight times in the am and twice at bed time. Fluticasone nasal spray thirty-five out of fifty-six times. Mucus relief tablets eight out of twenty-eight times. Risperdone (antipsychotic) six out of twenty-eight times at bed time and twice in the morning. Senna plus tablets four our of twenty-eight times Interview on 06/10/24 at 01:14 PM Administrative Licensed Nurse B stated she expected staff to sign their initials each time the medication was administered. Interview on 06/10/24 at 01:44 PM Certified Medication Aide C reported staff initial on the MAR whenever they give a medication. Review of the undated "Medication Management" policy revealed for residents medications the facility is responsible for administering, staff will document the administration of each resident's medication in the MAR immediately before or following completion of the task The operator failed to ensure staff documented the administration of medications for R3 immediately before or after completing the task.	S5301		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy	S5315		

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	B087221	A. BUILDING: _____ B. WING _____	06/10/2024

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S5315	Continued From page 43 provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The facility reported a census of ten residents (R). Based on observation, interview, and record review the operator failed to ensure staff stored medications securely in a locked medication room, locked cart, and/or cabinet to ensure only licensed nurses and medication aides had access	S5315		

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S5315	Continued From page 44	S5315		

to the stored medications. The operator also failed to ensure staff stored R4's insulin pens properly to ensure insulin was not accidentally administered beyond the manufacturer's recommended date of expiration.

Findings included:

- Observation on 09:49 AM in the Operators office, sitting on the shelf by the printer, the following medications: Prefilled pharmacy cards for R7 of Guaifenesin 29 tablets, Hydroxyzine one tablet, Senna S 10 tablets. One bottle of Polyethylene Glycol for R8, and a prefilled pharmacy card of Tylenol, 325 milligrams 16 tablets for R9.

On 06/06/24 at 09:49 AM Administrative Staff A stated the medications were supposed to be locked up to be destroyed and not on his desk.

Observation on 06/06/24 at 10:27 AM on the small table in the dining room were plastic containers that contained insulin pens for R4, R7 and R10. These pens were accessible to anyone who walked into the facility.

On 06/06/24 at 10:38 AM Certified Medication Aide (CMA) C confirmed the insulin pens were not stored in a secure cabinet or cart.

Review of the facility's undated "Medication Management" policy revealed all medications are to be stored securely in accordance with manufacturer's recommendations and with federal and state laws. Non-controlled medications managed by the home will be stored in a locked cart, cabinet, or room.

The operator failed to ensure designated staff

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S5315	Continued From page 45 stored medications securely, so they were only accessible to Certified Medication Aides or a Licensed Nurse. - Observation on 06/06/24 at 10:27 AM revealed on the small table in the dining room, plastic containers with insulin pens. Observation of the contents revealed R4 had a Levemir Flexpen with approximately 180 units remaining without a date the pen had been opened. It also contained a Humalog Kwik Pen that had an open date of 03/27/24 and expiration date of 04/26/24. On 06/06/24 at 10:38 AM Certified Medication Aide C looked at R4's insulin pens and confirmed the Levemir pen did not include a date opened and confirmed the Humalog pen had expired according to the date written on the pen. According to the Levemir manufacturer recommendations the Levemir FlexTouch Pen in current use should be thrown away after 42 days, even if it still has insulin left in it. According to Humalog manufacturer recommendations the Humalog prefilled pens must be thrown away 28 days after first use, even if they still contain insulin. The operator failed to ensure R4's insulin was stored to ensure that it was not administered beyond the manufacturers recommended date of expiration.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and	S5335		

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S5335	Continued From page 46 the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure chemicals were maintained in secured areas to maintain the safety of all residents and the public. Findings included: - During initial tour on 06/06/24 surveyor had the following observations of unsecured chemicals. Observation on 06/06/24 at 08:19 AM the cabinet under the kitchen sink was unlocked and contained the following chemicals with warning labels to keep out of reach of children and additional warnings: bottle of Pine-Sol, Spray can of disinfectant cleaner, Plastic container of Pro-Spray, and two cans of disinfectant cleaner. On the kitchen sink edge was an unlabeled Styrofoam cup with blue liquid in it. Observation on 06/06/24 of the laundry area revealed two cabinets across from the washer that had locks on them, and one cabinet was not locked. It contained a half gallon of liquid bleach, multiple spray bottles of cleaner with bleach, toilet bowl cleaner, gallon of Shurguard plus, a bottle of glitz no rinse sanitizer and two boxes of bowl	S5335		

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S5335	Continued From page 47 fresh tablets, all of which had warning labels on them to keep out of reach of children and additional warnings. The tall cabinet beside the sink was not lockable and contained a bottle of Pine-Sol. On the sink edge was an unlabeled Styrofoam cup with blue liquid in it. On 06/06/24 at 09:05 AM Certified Medication Aide (CMA) C reported all of the chemicals were supposed to be kept locked and removed the chemicals from under the kitchen sink and put them in the cabinet across from the washing machine since the kitchen cabinet would not lock. She said the cabinets in the laundry area have a magnetic locks and someone must not have shut it all the way to get the magnet to latch. CMA C also reported the Pine-Sol in the tall cabinet was not supposed to be there and reported the Styrofoam cups contained laundry soap. Observation on 06/06/24 at 09:31 AM in the hall closet by the office contained three spray bottles of all purpose cleaner with bleach, spray bottle of Pine-Sol, spray can of disinfectant cleaner, and a tub of Pro-spray wipes. All the listed chemicals had warning labels on them to keep out of reach of children along with additional warnings. On 06/06/24 at 9:49 AM Administrative Staff A acknowledged all chemicals are to be kept behind locked cabinet doors. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems.	S5380		

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S5380	Continued From page 48 (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (i) (2) The facility reported a census of ten residents. Based on observation and interview the operator failed to provide safety for all ten residents by the failure to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks that were accessible to residents. Findings included: - During initial tour on 06/06/24 to 09:30 AM water temperatures in the communal restrooms and areas that were accessible to residents were checked. The following hot water temperatures were noted: Communal sink in the hall by the office reached 133.3 degrees Fahrenheit (F). Restroom on back side of office with accessibility by a resident's room reached 128.9 degrees F. Sink in the laundry room area reached 136.6 degrees F. Communal sink in laundry area reached 131.3degrees F. On 06/06/24 at 09:02 PM Administrative Staff A checked the kitchen sink with the facilities	S5380		

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S5380	Continued From page 49 thermometer, and it read 136.0 degrees F. Administrative staff A then checked the hot water setting and turned it down a little. Surveyor and Administrative Staff A checked the hot water temperatures of the sinks except for the one behind the office, and all readings were between 130 degrees F and 134 degrees F. Review of the water temperature logs provided by Certified Medication Aide C included temperatures for 04/14/24 and 04/27/24 but failed to show staff monitored water temperatures for the months of May and June. Interview on 06/06/24 at 09:29 AM with Administrative Staff A confirmed the temperatures were to be no greater than 120 degrees F but did not understand why the log did not include May readings because he was having trouble with water temperatures reading high the past month and has had to adjust the temperature gage. The operator failed to provide safety for ten residents by the failure to ensure temperature of hot water ranged between 98 degrees F and 120 degrees F at sinks accessible to residents.	S5380		