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S 000	INITIAL COMMENTS The following citations represent the findings of an Intial Licensure Survey for the above named Home Plus conducted on 07/11/24 and 07/15/24.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal	S 225		

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

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S 225	Continued From page 1	S 225		

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 four residents(R). The sample included three residents. Based on interview and record review for one (R3) of three sampled residents, the operator failed to execute with the resident or the resident's representative a written admission agreement that described in detail the services the resident would receive and the specifics of the resident's obligation/liability to the facility at the time of admission.

Findings included:

-R3 moved into the facility on 03/30/24 with diagnosis of lung cancer.

Review of R3's admission agreement was dated as completed on 04/05/24.

An interview on 07/11/24 at 02:29 PM Administrative Staff/Certified Medication Aide B acknowledged the admission agreement for R3

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S 225	Continued From page 2 was not completed at the time of admission because R3's legal representative was out of town. Review of the facilities undated "Admission, Transfer, Discharge of Residents" policy revealed at the time of admission a written agreement will be executed with the resident or the resident's legal representative. The operator failed to execute a written admission agreement for R3 at the time of admission.	S 225		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by:	S5080		

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S5080	Continued From page 3 KAR 26-42-201(b) The facility reported a census of four residents (R). The sample included three residents. Based on record review and interview, the operator failed to ensure a licensed nurse assessed one (R5) of three sampled residents whose functional capacity screen indicated the need for health care services. Findings included: - Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnosis of diabetes type II. R5's "Functional Capacity Screen"(FCS) dated 09/29/23 was completed by Operator/Certified Medication Aide A and had no evidence a licensed nurse assessed the resident when his FCS indicated he needed health care services. An Interview on 07/15/24 at 02:09 PM Licensed Nurse D reviewed R5's FCS and confirmed it had not been signed by a licensed nurse to identify she had assessed R5's need for health care services. The operator failed to ensure a licensed nurse assessed R5 whose FCS indicated they needed health care services.	S5080		
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.	S5095		

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This REQUIREMENT is not met as evidenced by:
KAR 26-42-201(d)

The facility reported a census of four residents(R). The sample include three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed two (R3 and R5) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living.

Findings Included:

- R3's medical record revealed he moved into the facility on 03/30/24 with a diagnosis of lung cancer.

R3's "Functional Capacity Screen" identified he was unable to participate in the tasks of bathing, dressing, toileting, transfer, and walk/mobility.

Observation on 07/11/24 at 11:11 AM Certified Medication Aide (CMA) C lowered the foot of the recliner R3 sat in and explained it was time for lunch. CMA C tog a gait belt, put it around R3 and put his walker in front of him. R3 grabbed ahold of the walker and pulled himself up as CMA C helped to lift him with the gait belt. R3 then walked to the dining room table with CMA C holding onto the gait belt. R3 parked his walker and then walked over to where he sat at the table with guided assistance of CMA C.

Interview on 07/11/24 at 01:10 PM CMA C

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S5095	Continued From page 5	S5095		

reported the resident needed assistance with daily activities. CMA C reported R3 gets into the shower with help of staff and can wash himself neck up but staff assist with the rest, and he uses a walker to walk around the facility or outside with staff assistance. R3 can follow simple directions and can help some with dressing but staff do most of it. CMA C also reported R3 is continent most of the time but sometimes in the mornings he doesn't get to the bathroom in time.

Interview on 07/15/24 at 01:46 PM Licensed Nurse D reported she coded bathing, dressing, transfers, toileting and walk/mobility a three because he cannot do them himself. After review of the "Functional Capacity Screen" (FCS) manual Licensed Nurse D acknowledged based on the manual R3 should have been coded a 2 for activities of daily living.

The operator failed to ensure designated staff completed R3's FCS accurately according to the FCS manual, to reflect his functional ability to assist in completion of his activities of daily living.

- R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder.

R5's "Functional Capacity Screen" (FCS) dated 09/29/23 identified he was unable to participate in the task of walk/mobility.

Observation on 07/11/24 at 12:15 PM resident sat in his electric scooter, went out the front door and sat on the front porch. Then about 10 minutes later he went down the ramp and down the street to visit with a friend. R5 returned at 01:33 PM in his electric scooter.

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S5095	Continued From page 6 Interview on 07/11/24 at 1:05 PM Certified Medication Aide (CMA) C reported R5 helps with transferring out of the bed to his electric scooter and once he is in the chair he is independent getting from place to place. Interview on 07/11/24 at 02:08 PM Licensed Nurse D acknowledged that according to the FCS manual R5 should be coded a "0" for mobility as he is independent once in the electric scooter. The operator failed to ensure designated staff completed R3's FCS accurately according to the FCS manual.	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: (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)	S5105		

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S5105	Continued From page 7 The facility reported a census of four residents(R). The sample included three residents. Based on observation, interview, and record review for two (R3 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. Findings included: - Review of R3s medical record revealed he moved into the facility on 03/30/24 with diagnosis of lung cancer. R3's "Functional Capacity Screen" (FCS) dated 03/30/24 revealed he could not participate in management of medications or medical treatments and had impaired hearing. R3's "Negotiated Service Agreement" (NSA) dated 03/30/24 failed to address services related to management of medical treatments and his impaired hearing. Interview on 07/15/24 at 01:52 PM Licensed Nurse D reviewed R3's NSA and acknowledged it did not included services for medical treatments or his impaired hearing. The operator failed to ensure R3's NSA included the service the facility would provide based upon the needs identified on R3's FCS. - Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of	S5105		

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S5105	Continued From page 8 bladder. R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in the management of medications and medical treatments and had a risk/problem with falls/unsteadiness. It also identified he had a urostomy bag. R5's "Negotiated Service Agreement" dated 09/29/23 failed to included services related to the management of medical treatments including management of urostomy bag and colostomy bag or his risk for falls. Interview on 07/15/24 at 02:10 PM Licensed Nurse D reviewed R5's NSA and acknowledged it did not include services for medical treatments or fall risk. The operator failed to ensure R5's NSA included services the facility would provide according to the needs identified on R5's FCS.	S5105		
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	S5116		

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S5116	Continued From page 9 legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of four residents (R). The sample included three residents. Based on interview and record review, the operator failed to ensure the review and if necessary, the revision of the Negotiated Service Agreement for two (R4 and R5) of three sampled residents when the resident had a significant change in condition, as defined in KAR 26-39-100. Findings Included: - Review of R4's medical record revealed he moved into the facility on 01/11/24 with diagnoses od diabetes type II and dysphagia (swallowing difficulty) R4's "Functional Capacity Screen" (FCS) dated 01/11/24 identified the resident required physical assistance with bathing, dressing, toileting, and was unable to participate in management of his medications or medical treatments. It also identified he had bladder incontinence, and a problem or risk of with falls/unsteadiness. R4's "Negotiated Service Agreement" dated 01/11/24 had added on 03/06/24 that he started a local home Health agency for insulin administration, tube feeding and monitoring the resident's blood sugar. Interview on 07/15/24 at 01:18 PM Administrative Staff/ Certified Medication Aide B reported they	S5116		

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are supposed to do addendums to the NSA whenever a new service is added or stopped and if something changes significantly. She reported when R4 initially moved in his girlfriend came and was doing the tube feedings, and managing his insulin and blood sugars and then he started Home Health to do those things. Administrative Staff/Certified Medication Aide B acknowledged R4's NSA was not changed properly to identify the changes in the services he received.

The operator failed to ensure the revision of R4's NSA after he started on services for Home Health for skilled nursing services.

- Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder.

R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in the task of bathing, toileting, mobility, or management of medications and medical treatments. It identified he had services of Hospice from a local agency.

R5's "Negotiated Service Agreement" dated 09/29/23 included Hospice services provided by a local agency. R5's record did not include any addendums to his NSA.

Interview on 07/11/24 at 01:05 PM Certified Medication Aide C reported a local Hospice agency came and provided bathing for R5.

Interview on 07/15/24 at 01:23 PM Administrative staff/ Certified Medication Aide B reported R5 had had three different Hospices since moving in and acknowledged the facility should have completed

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S5116	Continued From page 11 an addendum each time to identify the changes in services. The operator failed to ensure the review and if necessary, the revision of R5's NSA when he changed Hospice services.	S5116		
S5120 SS=D	26-42-202 (f) NSA Refusal of Service f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following: (1) The service or services refused; (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(f)(1)(2)(3)(4) The facility reported a census of four residents (R). The sample included three residents. Based on observations, interview, and record review, for one (R4) of three sampled residents the operator failed to ensure R4's NSA included his refusal to follow the medical providers diet order for nectar	S5120		

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thickened liquids, education provided to resident/legal representative, and their acceptance of potential risks.

Findings included:

-- Review of R4's medical record revealed he moved into the facility on 01/11/24 with diagnoses od diabetes type II and dysphagia (swallowing difficulty)

R4's "Functional Capacity Screen" (FCS) dated 01/11/24 identified the resident required supervision with eating. It did not identify the resident had a gastrostomy tube (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall, G-tube) and required bolus feedings by a Licensed Nurse via G-tube.

R4's "Negotiated Service Agreement" dated 01/11/24 identified he was on a nectar thick liquid diet. - It also identified he had a G-tube and was not compliant with his diet as he had not used the g-tube in over a year. It also identified resident was to have speech therapy evaluation completed.

R4's care plan revealed he was independent with eating, had tube feedings and nectar thick liquids.

R4's record included speech therapist recommendations dated 01/22/24 for the resident to be NPO (nothing by mouth) except for pleasure bites of 1/4 teaspoon pureed/liquids by teaspoon only. It identified these recommendations were discussed with the resident and facility staff.

R4's record included a physician's order form dated 04/20/24 and electronically signed by the

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medical provider the resident is NPO but is OK to have three episodes of small bites or sips of 1/2 teaspoon honey thick liquid or 1/4 teaspoon puree food such as applesauce only for pleasure. It also directed to continue all tube feedings for nutrition and daily caloric intake to maintain health.

R4's record also included signed physician order sheet dated 04/26/24 with diet order of nectar thick liquids.

R4's Nursing Notes included the following documentation related to diet:
01/11/24 -day of admission, the resident was to be NPO and was not compliant and ate a regular diet but would throw up after meals.
01/16/24 -resident vomiting after meals
01/19/24 -resident vomiting throughout the night, sent to emergency room. Returned with order for a soft diet and see speech and dietitian on 01/22/24.
01/22/24 - Had a scope done with new orders to be NPO and start Glucerna (nutritional supplement) 1.5 four times a day via G-tube.

R4's Nursing Notes lacked further documentation related to his diet order or any changes to his NPO status.

R4's medical record failed to include any documentation of facility staff educating the resident or his legal representative potential negative outcomes of the resident refusing to follow medical providers or the risks of those outcomes.

Observation on 07/15/24 at 11:52 AM the resident sat on the side of his bed eating a small bowl with baked beans in it.

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GOD'S CHOSEN CARE	2734 N WELLESLEY WICHITA, KS 67220

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S5120	Continued From page 14 Interview on 07/11/23 at 12:08 PM Certified Medication Aide C and Operator/Certified Medication Aide A reported R4 could have pleasure bites of foods that he wanted like yogurt or something of that consistency according to what speech told us. Interview on 07/15/24 at 01:00 PM Administrative Staff/Certified Medication Aide B reported R4 is to be NPO but speech allowed for him to have pleasure bites of thick stuff like applesauce, yogurt, and ice cream and he can have it in very small portions. Administrative Staff/Certified Medication Aide B stated she has talked to R4 and his legal representative that he chokes on the foods he does eat. Administrative Staff/Certified Medication Aide B acknowledged the current medical providers diet order was for nectar thickened liquids. She also confirmed the facility had not included in the NSA that the resident was refusing to follow medical providers diet order, provided resident and legal representative education related to refusal to follow diet and/or understanding and acceptance of potential risk of not following medical providers orders. The operator failed to ensure the NSA included services for refusal of diet that is nectar thickened liquids only, identify potential negative outcome on not following diet; evidence of the provision of education to the resident of any negative outcomes if the services are not provided; and an indication of acceptance by the resident and/or his legal representative of the potential risks.	S5120		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of	S5126		

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S5126	Continued From page 15	S5126		

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 four residents (R) and the sample included three residents. Based on interview and record review the operator failed to ensure everyone involved in the development of the "Negotiated Service Agreement" signed the agreement for one (R4) of three sampled residents.

Findings included:

- Review of R4's medical record revealed he moved into the facility on 01/11/24 with diagnoses od diabetes type II and dysphagia (swallowing difficulty)

R4's "Functional Capacity Screen" (FCS) dated 01/11/24 identified the resident required physical assistance with bathing, dressing, toileting, and was unable to participate in management of his medications or medical treatments. It also identified he had bladder incontinence, and a problem or risk of with falls/unsteadiness.

R4's "Negotiated Service Agreement" (NSA) dated 01/11/24 was signed only by the licensed nurse and not R4 or his legal representative.

Interview on 01/11/24 at 12:57 PM Administrative Staff/Certified Medication Aide B reported the

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S5126	Continued From page 16 resident, the nurse, the resident's legal representative, are all involved in the development of the NSA and are all supposed to sign it. Interview on 07/15/24 at 12:57 PM Operator/Certified Medication Aide A reviewed R4's NSA and acknowledged it had only been signed by the licensed nurse and not by R4 or his legal representative. The operator failed to ensure designated staff obtain signatures of all who participated in the development in R 4's NSA. .	S5126		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (d) The facility reported a census of four resident (R)s. The sample included three residents. Based on interview and record review, the operator failed to ensure three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included:	S5161		

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S5161	Continued From page 17 - Review of R3s medical record revealed he moved into the facility on 03/30/24 with diagnosis of lung cancer. R3's "Functional Capacity Screen" (FCS) dated 03/30/24 revealed he could not participate in activities of daily living, or with management of medications or medical treatments. It also identified he had bladder incontinence and had a risk or current problem of falls/unsteadiness. R3's "Negotiated Service Agreement" (NSA) dated 03/30/24 included a space to fill in "Licensed Nurse responsible for Nursing Plan" but it was blank. Interview on 07/15/24 at 01:53 PM Licensed Nurse D had not noticed the place to fill out and acknowledged it did not identify the name of the Licensed Nurse responsible for implementation and supervision of the care plan. The operator failed to ensure R3's NSA included the name of the licensed nurse responsible for implementation and supervision of the service plan. - Review of R4's medical record revealed he moved into the facility on 01/11/24 with diagnoses od diabetes type II and dysphagia (swallowing difficulty) R4's "Functional Capacity Screen" (FCS) dated 01/11/24 identified the resident required physical assistance with bathing, dressing, toileting, and was unable to participate in management of his medications or medical treatments. It also identified he had bladder incontinence, and a problem or risk of with falls/unsteadiness.	S5161		

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S5161	Continued From page 18 R4's "Negotiated Service Agreement" dated 01/11/24 included a space to fill in "Licensed Nurse responsible for Nursing Plan" but it was blank. Interview on 07/15/24 at 01:53 PM Licensed Nurse D had not noticed the place to fill out and acknowledged it did not identify the name of the Licensed Nurse responsible for implementation and supervision of the care plan. The operator failed to ensure R4's NSA included the name of the licensed nurse responsible for implementation and supervision of the service plan. - Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder. R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in the task of bathing, toileting, mobility, or management of medications and medical treatments. It identified he had a risk/problem with falls/unsteadiness and needed physical assistance with dressing. R5's "Negotiated Service Agreement" dated 09/29/23 included a space to fill in "Licensed Nurse responsible for Nursing Plan" but it was blank. Interview on 07/15/24 at 01:53 PM Licensed Nurse D had not noticed the place to fill out and acknowledged it did not identify the name of the Licensed Nurse responsible for implementation and supervision of the care plan.	S5161		

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S5161	Continued From page 19 The operator failed to ensure R5's NSA included the name of the licensed nurse responsible for implementation and supervision of the service plan.	S5161		
S5192 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of four residents. Based on interview and record review, the operator failed to ensure staff prepared food using safe methods to ensure it was prepared and served at the proper temperatures. Findings included: - Review of the food temperature logs from	S5192		

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S5192	Continued From page 20 04/07/24 to current date revealed hand written food items that were prepared, with temperatures beside some of them. The logs revealed multiple food items were served such as eggs, sausage, hamburger, chicken casserole, and enchiladas that were not temped to ensure they were properly prepared. It also lacked temperatures of cold foods such as chicken salad, potato salad, and cottage cheese. Review of the "Focus on Food Safety" guide Revised August 2017 provided the following directions for preparing foods: Poultry, stuffed meats and pastas cooked to 165 degrees Fahrenheit (F). Ground beef or pork cooked to 155 degrees F. The maximum cold temperature is 41 degrees F. On 07/11/25 at 11:25 AM Operator/Certified Medication Aide A and Administrative Staff/ Certified Medication Aide B both acknowledged the food temperature logs did not include temperatures for some potentially hazardous foods. The operator failed to ensure designated staff monitored food temperatures to ensure they were prepared and served to a safe temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon	S5215		

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S5215	Continued From page 21 admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of four residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all residents and all staff. Findings included: - On 07/11/24 at 12:16 PM Administrative staff B reported the emergency management plan is a part of the resident's admission packed and the new employee orientation packet. Administrative staff B reported they had not reviewed the EMP with residents outside of the day they were admitted to the facility. Review of the in-service training for employees included and in-service for the Emergency Plan dated 01/19/24 for employees. On 07/11/24 at 12:30 AM Administrative staff/Certified Medication Aide B acknowledged they had not completed quarterly reviews of the emergency plan with employees	S5215		

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S5215	Continued From page 22 The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and staff.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of four residents(R). The sample included three residents and five newly hired staff. Based on interview and record review for five of five 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.	S5230		

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S5230	Continued From page 23 Findings included: - Review of five newly hired employee files revealed the following: Operator/Certified Medication Aide (CMA) A hired on 09/29/23 failed to have a TB symptom screen completed and failed to have his two-step TB skin test read within 72 hours according to TB guidelines. Administrative Staff/CMA B, hired on 09/29/23 failed to have a TB symptom screen completed and failed to have her two-step TB skin test read within 72 hours according to TB guidelines. CMA C hired on 05/22/24 failed to have a TB symptom screen completed and failed to have his first TB skin test read within 72 hours according to TB guidelines. Certified Nurse Aide E hired on 11/13/23 failed to have a TB symptom screen completed. CNA F hired on 05/22/24 failed to have a TB symptom screen completed. On 07/15/24 at 11:45 AM Administrative staff/CMA B reported she did not realize new employees needed to have a TB symptom screen completed within seven days of hire. 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 and a two step TB skin test or equivalent, within seven days of employment. It also provides guidance for the skin test to be read within 48 to 72 hours of administration.	S5230		

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S5230	Continued From page 24 The operator failed to ensure five of five newly hired staff had a TB symptom screen completed and three of five did not have their TB skin tests read according to 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 four residents(R). The sample included three residents. Based on interview and record review the operator failed to ensure the medical record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date and time, action taken, and results of the action for three (R3, R4, and R5) of three sampled residents. Findings included: - Review of R3s medical record revealed he moved into the facility on 03/30/24 with diagnosis of lung cancer. R3's "Functional Capacity Screen" (FCS) dated 03/30/24 revealed he could not participate in activities of daily living, or with management of	S5251		

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medications or medical treatments. It also identified he had bladder incontinence and had a risk or current problem of falls/unsteadiness.

R3's "Negotiated Service Agreement" (NSA) dated 03/30/24 identified staff provided physical assistance with bathing, dressing and transfers.

Review of R3's medical record included the following Nursing Notes:
04/26/24 - (no time)- new order to start Meclizine.
05/10/24 - (no time) new order to start Diclofenac (topical pain medication) 1% four times a day as needed for pain.
05/24/24 - (no time) - new order start Midodrine (antihypertensive).
06/03/24 - (no time) - new order for Norco (narcotic pain medication) three times a day as needed.
06/27/24 - (no time) - Norco II tablets at bedtime for pain.

R3's record lacked the time of the entry, documentation of symptoms related to the need to start Meclizine, Diclofenac, Midodrine, or the Norco and lacked results of the medication changes.

Interview on 07/15/24 at 01:54 PM Licensed Nurse D reported the expectation for documentation would be with any medication changes, changes in condition, physician visits and hospital stays. Licensed Nurse D reviewed R3's documentation and acknowledged it did not include the time when documented, and there was no documentation related to the symptoms prior to or follow up for the medication changes.

The operator failed to ensure designated staff documented symptoms, results of action take for

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those symptoms, as well as the time of documentation.

- Review of R4's medical record revealed he moved into the facility on 01/11/24 with diagnoses od diabetes type II and dysphagia (swallowing difficulty)

R4's "Functional Capacity Screen" (FCS) dated 01/11/24 identified the resident required physical assistance with bathing, dressing, toileting, and was unable to participate in management of his medications or medical treatments. It also identified he had bladder incontinence, and a problem or risk of with falls/unsteadiness.

R4's "Negotiated Service Agreement" dated 01/11/24 identified staff provided physical assistance with bathing, dressing and toileting as well as administering medications.

Review of R4's Nursing Notes revealed the following documentation.

01/11/24 - 05:00 PM - moved into facility and has a gastrostomy tube (the introduction of a nutrient solution through a surgically inserted tube into the stomach through the abdominal wall, G-tube) and has been non-compliant with nothing by mouth order. Was eating a regular diet at home but threw everything up and is to have nutritional supplement three times a day for replacement. Request order change for diet to be nectar thick liquids.
01/16/24 - (no time) - vomiting after meals, new order to start Reglan (antiemetic) and flush G-tube after meals.
01/19/24 - vomiting blood and sent to emergency room for evaluation.
01/19/24- returned from emergency room with

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S5251	Continued From page 27 new orders to start Prilosec (Gastric Acid Secretion Reducer) and to be on soft diet, will see speech and dietitian on 01/22/24. 01/22/24 - Had a scope done with new orders to start Glucerna (nutritional supplement) 1.5 four times a day via G-tube and flush with 200 milliliters of water with each feeding. Resident is to be NPO (nothing by mouth) Reglan and Prilosec discontinued and start Miralax as well as an antibiotic for infected tooth. 01/29/24 - new order to start Levsin (anticholinergic) as needed for excessive secretions. 02/26/24 - (no time) - new order for Metamucil daily. 03/27/24 - mouth swollen - possible tooth infection new order for Augmentin)antibiotic) for 14 days 03/29/24 - (no time) - order to brush teeth daily, gargle and swish, and Augmentin increased to 30 days. 04/26/24 - (no time) - New order to start Clindamycin (antibiotic). 05/13/24 - (no time) -having swelling to face from an infected tooth - start Amoxicillin (antibiotic) and Norco (narcotic pain medication) 05/14/24 - (no time) - had surgery to remove teeth, continue antibiotics. 06/07/24- (no time) - facial swelling as a reaction to lisinopril, discontinue medication and start Benophen, (antihistamine), Prednisone (steroid), Pepcid (Gastric acid reducer), and Valsartan (antihypertensive). The documentation lacked the entry time on multiple entries and lacked follow up on changes in medications to identify the results related to the reasons the medications were started. New medications included narcotic pain medications, antibiotics, and medications to treat R4's	S5251		

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S5251	Continued From page 28 vomiting. Interview on 07/15/24 at 01:14 PM Administrative Staff/Certified Medication Aide B reported she expected the nurse to document according to professional standards. Interview on 07/15/24 at 01:54 PM Licensed Nurse D reported the expectation for documentation would be with any medication changes, changes in condition, physician visits and hospital stay. The operator failed to ensure designated staff documented symptoms, results of action take for those symptoms, as well as the time of documentation. - Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder. R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in the task of bathing, toileting, mobility, or management of medications and medical treatments. It identified he had a risk/problem with falls/unsteadiness and needed physical assistance with dressing. R5's "Negotiated Service Agreement" dated 09/29/23 identified staff provided physical assistance with dressing, toileting, and used a wheelchair for mobility. It also identified facility Certified Medication Aide and Licensed Nurses administer medications. Review of R5s Nursing Notes revealed the following documentation:	S5251		

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S5251	Continued From page 29 10/10/23 - (no time) - Operator contacted licensed nurse that resident did not feel well and wanted to go to the emergency room for evaluation. Resident sent to local hospital and was admitted. 10/11/23 - (No time) - Hospital contacted and reported resident had small bowel obstruction. 10/13/23 - Returned to facility at 07:45 PM. 10/19/23 - (no time) - new order to start Hospice and monitor blood sugars. 10/24/23 - (no time) - new order to apply zinc to affected area topically as needed, may keep at bedside. - 10/30/23 - (no time) - start Miralax (laxative) for constipation and increase Gabapentin (anticonvulsant) to 400 milligrams (mg) three times a day for neuropathy disease that affects the nerves). 11/07/23 - (no time) - new order to apply ace wrap to right calf and foot in morning and off at night. 11/10/23 - (no time) - Gabapentin increased to 600 mg in the morning and evening and 400 mg mid day. 11/20/23 - (no time) - new order for Metamucil (laxative) daily for constipation 01/02/23 - (no time) - resident changed Hospice services to a different agency. 01/10/24 - (no time) - new order received from Hospice for wound care. 01/10/24 - (no time) - had episode of shortness of air (SOA) and pain, Hospice contacted. 01/10/24 - (no time) - new order for Morphine (narcotic pain medication) as needed and Citalopram (antidepressant) for anxiety. 01/11/24 - 06:00 PM - had another episode of SOA, Morphine given ineffective, complained of abdomen pain and sent to hospital via emergency services. 01/11/24 - (no time) - admitted to hospital for urinary tract infection and observation.	S5251		

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S5251	Continued From page 30 01/15/24 - (no time) - returned from hospital - new order for Norco (narcotic pain medication) twice a day. 01/29/24 - (no time) - new order for compression socks - and to cleanse lower leg wound. 02/09/24 - (no time) - increase Trazadone (antidepressant) at bedtime. 02/26 /24- (no time) - increase Escitalopram (antidepressant) to 10 mg 03/09/24 - (no time) - discontinue Colace and start Imodium)antidiarrheal) due to loose stools. R5's Nursing Notes lacked documentation of the time for multiple entries, lacked follow post hospital return related to bowel obstruction, lacked documentation of area where staff were to apply zinc, lacked documentation of the resident having a traumatic injury to his lower leg, and lacked follow up on the results of multiple medication changes. Medication changes included medications for pain, laxatives, and antidepressants as well as follow up on status post hospital stays. Interview on 07/11/24 at 01:05 PM Certified Medication Aide C reported awhile back the resident was coming back into the house and opened the screen door without asking for assistance and the bottom of the door caught the bottom of his leg causing a wound on his leg. Interview on 07/15/24 at 02:19 PM Licensed Nurse D reviewed R5's nursing notes and acknowledged entries did not include the time and the documentation lacked follow up as to the result in changes made to his medications. She also acknowledged the documentation did not include the incident of follow up related to the injury R5 had to his lower leg.	S5251		

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S5251	Continued From page 31 The operator failed to ensure designated staff documented symptoms, results of action take for those symptoms, as well as the time of documentation.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of four residents. Based on record review and interview the	S5258		

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S5258	Continued From page 32 operator failed to provide evidence of completing the required criminal background check and registry checks upon hire for four 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 revealed the following: Operator/Certified Medication Aide (CMA) A hired on 09/29/23 did not have a registry check completed until 10/20/23 and did not have a receipt for submission of his criminal background check but it was printed on 10/30/23. Administrative staff/CMA B hired on 09/29/23 did not have her registry check completed until 10/22/23 and did not have a receipt for her submission of her criminal background check which was printed on 10/30/23. CMA C was hired on 05/22/24 had a criminal background check from a different facility completed on 11/4/22. He did not have a criminal background check completed for this facility. Certified Nurse Aide (CNA) F, hired on 05/22/24 did not have evidence of completion of a registry check in his file. Interview on 07/15/24 at 11:52 AM Administrative staff/CMA B reported they had someone come in to help them in October and that is when they realized they had to do the registry checks and criminal background checks. She also looked for CNA F's registry check and confirmed it had not been done and had not completed a criminal background check for CMA C.	S5258		

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S5258	Continued From page 33 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 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 four Residents (R). The sample included three residents. Based on interview, and record review for one (R) of one resident who self-administered selected medications the operator failed to ensure a	S5265		

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S5265	Continued From page 34	S5265		

Licensed Nurse assessed the resident to ensure he was able to safely and correctly administer his eye drops.

Findings included:

- Review of the resident roster provided by Administrative Staff/Certified Medication Aide B identified R5 as administering his own medications.

- R5 moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder.

R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in management of medications and medical treatments.

R5's "Negotiated Service Agreement" dated 09/29/23 had checked "Medication Management" by "CMA/Licensed Staff" and did not identify he self-administered any of his medications.

Review of R5's medical record included an assessment for him to check his own blood sugar but did not include an assessment for him to be able to self-administer his eye drops.

Interview on 07/11/24 at 1:05 PM Certified Medication Aide C reported staff gave R5 all of his medications except he had some eye drops that he could do himself when he needed to.

Interview/Observation on 07/15/24 at 10:45 AM R5 sat in his electric scooter and reported he keeps his eye drops on the bag on his scooter that he uses when his eyes get itchy and dry. R5 opened the bag which revealed two bottles of eye

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S5265	Continued From page 35 drops. Interview on 07/15/24 at 02:12 PM Licensed Nurse D looked through R5's record and confirmed it did not include an assessment for him to be able to self administer his eye drops. The operator failed to ensure a licensed nurse assessed R45s ability to self-administer his eye drops.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (b) The facility reported a census of four residents. The sample included three residents. Based on interview, and record review the operator failed to ensure one (R5) of three sampled residents "Negotiated Service Agreement" identified what medications the resident chose to self administer and what medications the facility would administer. Findings included:	S5286		

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S5286	Continued From page 36 - Review of R5's medical record revealed he moved into the facility on 09/29/23 with diagnoses of diabetes type II and malignant neoplasm of bladder. R5's "Functional Capacity Screen" (FCS) dated 09/29/23 revealed the resident could not participate in the task of bathing, toileting, mobility, or management of medications and medical treatments. It identified he had a risk/problem with falls/unsteadiness and needed physical assistance with dressing. R5's "Negotiated Service Agreement" dated 09/29/23 had checked "Medication Management" by "CMA/Licensed Staff". It failed to identify that he self administered his eye drops. Interview on 07/15/24 at 10:45 AM, R5 reported he did his own eye drops sometimes and kept them in the bag on his electric scooter. Interview on 07/15/24 at 02:12 PM Licensed Nurse D acknowledged the NSA did not identify the medications the resident chose to self-administer and what ones the facility administered. The operator failed to ensure designated staff completed R5's NSA to include the medications he chose to self-administer and what medications the facility administered.	S5286		
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	S5313		

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S5313	Continued From page 37 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 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 07/11/24 at 10:35 AM Certified Medication Aide C unlocked the medication cart for inspection. In the top drawer was a bottle of refresh eye drops and a bottle of eye itch relief drops were not in their original box and did not have a resident's full name on them. On 07/11/24 at 02:45 PM Administrative staff/CMA B acknowledged over the counter medications needed to include the resident's full name on the bottle and the package it came in. The operator failed to ensure each over-the-counter medication included the	S5313		

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S5313	Continued From page 38 residents' full name.	S5313		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication 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.	S5315		

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S5315	Continued From page 39 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The facility reported a census of four residents (R). Based on observation, interview, and record review the operator failed to ensure staff stored residents' insulin pens and Tuberculin solution properly to ensure it was not accidentally administered beyond the manufacturers recommended date of expiration. Findings included: - On 07/11/24 at 10:35 AM Certified Medication Aide (CMA) C unlocked the medication cart for inspection. Inspection of the cart revealed the following four insulin pens in the top drawer: Insulin Glargine- yfgn with approximately 200 units remaining and was undated as to when it was initially put into use. Lispro insulin pen one with an expiration date of 06/28/24 Lispro insulin pen with approximately 250 units remaining and was undated as to when it was initially put into use. Aspart FlexPen - with an expiration dated of 02/13/24. Interview on 07/11/24 at 10:35 AM CMA C reported Home Health managed resident's insulin. On 07/11/24 at 01:56 PM Home Health Nurse arrived and acknowledged all the insulin pens needed to the appropriate dates as to when opened and when they expire and the ones with a specific expiration should have been discarded.	S5315		

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S5315	Continued From page 40 According to the Insulin Glargine-yfgn manufacturer recommendations it is to be used only for up to 28 days after its first use and to be thrown away after using for 28 days, even if it still has insulin left in it. According to Lispro manufacturer recommendations the prefilled pens must be thrown away 28 days after first use, even if they still contain insulin. According to insulin Aspart manufacturer recommendations the prefilled pen must be used within 28 days of initial use. The operator failed to ensure insulin was stored to ensure that it was not administered beyond the manufacturers recommended date of expiration. - On 07/11/24 at 10:52 AM CMA C unlocked the small medication refrigerator which contained insulin and other medications. It also contained a box with a vial of Tuberculin solution that was less than half full that did not include an open date or expiration date. On 07/11/24 at 10:53 AM CMA C acknowledged there was not a date on the vial and reported the nurse took care of the TB solution. Tuberculin manufacturer guidelines directions for storage include to date the tuberculin vial when opening and discard it after 30 days. The operator failed to ensure staff stored the tuberculin solution, so it was not accidentally administered beyond the manufacturers or pharmacy' recommended date of expiration.	S5315		