STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087085	A. BUILDING: _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT ST MARY	3700 E LINCOLN ST WICHITA, KS 67218

(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 represent the findings of a resurvey for the above named assisted living conducted on 07/31/24.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility 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 26-41-201(d) The facility reported a census of 18 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Residents (R) 2 and R3 accurately reflected their functional capacity. Findings included: - Record review for R2 revealed an admission date of 09/27/23 with diagnoses of type two diabetes mellitus and need for assistance with personal care. The 09/27/23 "Functional Capacity Screen" (FCS) identified R2 was unable to perform management of medications. The 09/27/23 "Negotiated Service Agreement" (NSA) identified facility staff administered R2 her medications including insulin or preset an insulin	S3082		

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

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S3082	Continued From page 1	S3082		

per for her to self-administer.

The Medication Administration Record (MAR) for the month of July 2024 documented R2 self-administered her own medications.

On 07/31/24 at 02:00 PM R2 stated during interview that she administered her own medications.

On 07/31/24 at approximately 03:40 PM Licensed Nurse C confirmed R2's "FCS" documented she was unable to perform management of medications which was not accurate because she self-administered her own medications.

- Record review for R3 revealed an admission date of 03/28/22 with diagnoses of type two diabetes mellitus and polyosteoarthritis.

The 09/27/23 "FCS" identified R3 was independent with dressing.

The 09/27/23 "NSA" identified facility staff provided R3 physical assistance with dressing to put on anti-embolism stockings.

On 07/31/24 at 01:47 PM R3 stated during interview she required staff assistance to put on anti-embolism stockings and shoes each morning and assistance to remove them each evening.

On 07/31/24 at approximately 03:40 PM Licensed Nurse C confirmed R3's "FCS" documented she was independent with dressing which was not accurate because she required physical assistance to put on anti-embolism stockings each morning and physical assistance to remove them at night.

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S3082	Continued From page 2 The 07/31/24 facility's "Functional Capacity Screen" documented "designated staff will ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form. The administrator failed to ensure designated facility staff ensured the "FCS" for R2 and R3 accurately reflected their functional capacity.	S3082		
S3186 SS=D	26-41-205 (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 26-41-205(b) The facility reported a census of 18 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 2's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications.	S3186		

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S3186	Continued From page 3	S3186		

Findings included:

- Record review for R2 revealed an admission date of 09/27/23 with diagnoses of type two diabetes mellitus and need for assistance with personal care.

The 09/27/23 "Functional Capacity Screen" (FCS) identified R2 was unable to perform management of medications.

The 09/27/23 "Negotiated Service Agreement" (NSA) identified facility staff administered R2 her medications including insulin or preset an insulin per for her to self-administer.

R2's "NSA" failed to identify R2 was responsible for the administration of medications or select medications facility staff administered.

The Medication Administration Record (MAR) for the month of July 2024 documented R2 self-administered her own medications.

On 07/31/24 at 02:00 PM R2 stated during interview that she administered her own medications.

On 07/31/24 at approximately 03:40 PM Licensed Nurse C confirmed R2 administered all her own medications and administered insulin with nursing supervision.

The 03/07/22 facility's "Resident Self-Administration of Medication" policy documented the service plan must reflect resident self-administration and storage arrangements for such medications.

The administrator failed to ensure R2's "NSA"

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S3186	Continued From page 4 identified who was responsible for the administration and management of select medications.	S3186		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 18 residents. The facility had a main kitchen where dietary staff stored, prepared, and served food and a satellite kitchen in the assisted living where dietary staff stored and served food. Based on observation and interview the administrator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 07/31/24 at 09:11 AM of the assisted living kitchen revealed one upright refrigerator in a snack area accessible to residents and one upright refrigerator in the kitchen area. The refrigerator accessible to residents contained the following food items:	S3299		

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S3299	Continued From page 5	S3299		

One ½-gallon of 2% milk - half empty and lacked opened date.
One 60-ounce (oz) bottle of cranberry juice - opened and lacked open date.

The refrigerator in the kitchen area contained the following items:

One 32-oz bottle of ranch flavored dressing - opened and lacked open date. "Best Used By" date was 04/03/24 which was 119 days past.

Two 32-oz bottles of ranch flavored dressing - half empty and lacked open date.

On 07/31/24 at approximately 09:11 AM Administrative Staff A confirmed designated staff failed to label opened containers of food items with open date.

On 07/31/24 at 09:44 AM Dietary Staff E stated she expected designated staff to label opened food items with the open date and throw them away after opened for seven days.

The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items could be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less.

The 2013 facility's "Refrigerated Storage" policy documented "It is the policy of this facility to store, prepare, and serve foods in accordance with federal, state, and local sanitary codes."

The administrator failed to ensure designated staff stored food items under safe conditions.

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S3310	Continued From page 6	S3310		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 18 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R) 1 revealed an admission date of 03/11/21 with a diagnosis of pulmonary hypertension. R1's record lacked evidence of documentation of an annual TB symptom screen questionnaire.	S3310		

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S3310	Continued From page 7 Record review for R2 revealed an admission date of 09/27/23 with a diagnosis of type two diabetes mellitus. The 10/08/23 TB skin test documented negative results. R2's record lacked evidence of documentation of a second-step TB skin test and TB symptom screen questionnaire. Record review for R3 revealed an admission date of 03/28/22 with diagnoses of polyosteoarthritis, heart failure, and diabetes mellitus. R3's record lacked evidence of documentation of an annual TB symptom screen questionnaire. On 07/31/24 at approximately 03:40 PM Licensed Nurse D confirmed R1 and R3's records lacked evidence of documentation of annual symptom screens and R2's record lacked evidence of documentation of a second step skin test and admission TB symptom screen questionnaire. - Review of Licensed Nurse F's employee record revealed a hire date of 04/18/24. She was administered a first step TB skin test on 04/18/24 which read negative on 04/21/24. The second TB skin test was administered on 05/01/24. Licensed Nurse F's record revealed designated staff failed to document the date the second-step test was administered. Review of Licensed Nurse G's employee record revealed a hire date of 09/16/22. She was administered a TB skin test on 12/09/22 which was 84 days after hire date. Review of Certified Medication Aide (CMA) H's employee record revealed a hire date of	S3310		

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S3310	Continued From page 8 05/23/24. She was administered a TB skin test on 01/31/24 which was approximately 4 months before the hire date. CMA H's record lacked evidence of a second-step TB skin test. On 07/31/24 at approximately 03:40 PM Administrative Nurse B confirmed staff records failed to document designated staff ensured conducted TB screening in accordance with the department's guidelines. The 07/08/20 facility's "Employee Tuberculosis Testing Policy" documented state or local requirements regarding TB screening must be followed. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission and each resident and employee shall have an annual TB symptom screen. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		