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	N006001	A. BUILDING: _____ B. WING _____	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VI	737 HEYLMAN STREET FORT SCOTT, KS 66701

(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 the licensure resurvey with attached complaint numbers 189865, 1888874, 184748, and 182952, for the above named facility conducted on 09/16/24 and 09/17/24.	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	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		

administrator or operator, or the designee, shall 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:
K.A.R. 26-39-102 (a) (3)

The facility reported a census of 30 residents. The sample included 3 Residents (R)'s. The operator failed to ensure at the time of admission for R2 the execution of a written agreement that described in detail the services and goods R2 would receive and specified the obligations that R2 had toward the adult care home.

Findings included:

- Record review for R2 revealed an admission date of 07/28/21 with diagnoses of hypothyroidism and worsening of her memory.

Review of the facility provided admission records for R2 revealed a document dated 08/06/21 and was titled "Residential Health Care Facility Agreement" and handwritten in the "Private Pay"

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S 225	Continued From page 2 blank was $3000, and under the section titled "Home and Community Based services was handwritten "Room and Board" was $350. The only signature on the agreement is from Operator/CMA J. Review of a letter in R2's admission record from an attorney stated; "the facility charges her $350 a month", and the purpose of the letter was to document the attorney's effort to make certain that R2 was paying what she was agreed to pay, and to not be billed at a future date for money that was determined to have been R2's obligation all along. The operator failed to ensure at the time of admission for R2 the execution of a written agreement that described in detail the services and goods R2 would receive and specified the obligations that R2 had toward the adult care home.	S 225		
S3026 SS=F	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by:	S3026		

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S3026	Continued From page 3 K.A.R. 26-41-101 (f) (1) (A) The owner failed to report an allegation of abuse by the operator (operator J) to the department, failed to investigate the allegations of abuse and further failed to protect the residents of the facility when he allowed the operator to continue to work with the residents after he witnessed Operator J speak aggressively to a resident and relieved Operator J from her position as an operator, to a position as a "Certified Medication Aide" (CMA), and she self-terminated her employment on 08/26/24. Findings included: - Review of the signed statement from the facility Owner D, revealed that on "4 or 5" occasions he had counselled Operator J and "Licensed Nurse" C on professional conduct in the workplace. Operator D wrote "on one occasion he was hanging pictures on a wall for a resident", when Operator J came in the room and exclaimed "Get your walker!" Owner D then continued in his statement to that he "dismissed" Operator J from the resident room taking her back to the business office, where he told her "Not to use that tone of voice with any resident". Owner D wrote that this event happened in early July of 2024. Interview with Owner D on 09/16/24 at approximately 04:55 PM confirmed he had received complaints before on Operator J from staff and that prior to Operator/CMA J self-terminating her employment he had been looking for approximately 6 to 7 months on someone to replace her. He stated that Operator J's last day as a manager was on 07/16/24 and	S3026		

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S3026	Continued From page 4	S3026		

that he allowed her to work in the facility as a CMA. Owner D stated that once Operator J no longer held a management position her personality changed for the better.

Interview on 09/17/24 at approximately 10:50 AM with "Resident" (R) 5 confirmed Operator/CMA J "was not nice", R5 continued to state it was not always what she said, but how she said it. She stated that Operator/CMA J was snide, and her actions were cruel. R5 stated she was afraid to call the department or the Ombudsman.

Interview on 09/17/24 at approximately 11:00 AM with R1 confirmed Operator/CMA J would "shout" at her, she was rude, snide, and would refer to the facility residents as "her kids". She stated she just tried to stay away from Operator/CMA J.

Interview on 09/17/24 at approximately 11:10 AM with R3 confirmed if you did not have money, that Operator/CMA J would not treat you nicely. She continued to state that Operator/CMA J would tell her if she didn't like things that R3 could "get out". R3 stated that Operator /CMA J would "down grade" you if she did not like you, and if she did not like you, she would let it be known.

Interview on 09/17/24 at approximately 11:20 AM with R6 confirmed that Operator/CMA J was "not nice" and that she "was mean".

Interview 0n 09/16/24 at approximately at approximately 02:00PM with LN C revealed she had reported to Owner D by email on 06/26/23 her concerns about Operator/CMA J's treatment of residents and other concerns about the facility.

Review of a text message dated 06/23 provided by LN C to Owner D revealed that LN C thought

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S3026	Continued From page 5 Operator/CMA J's treatment of one resident was cruel, Owner D's text message response was "will definitely have a word with her like I did before." Interview on 09/16/24 at approximately 02:00 PM with LN C confirmed the actual date of the text message was 06/23/24. The owner failed to report an allegation of abuse operator J to the department, failed to investigate the allegations of abuse and further failed to protect the residents of the facility when he allowed the operator to continue to work with the residents after he witnessed Operator J speak aggressively to a resident in "early July 2024" and relieved Operator J from her position as an operator, to a position as a CMA, and she self-terminated her employment on 08/26/24.	S3026		
S3060 SS=F	26-41-106 Community Governance (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the facilitation of the organization of at least one resident council, each of which shall meet at least quarterly to provide residents with a forum to provide input into community governance. (b) Each administrator or operator shall ensure the accommodation of the council process by providing space for the meetings, posting notices of the meetings, and assisting residents who wish to attend the meetings. (c) In order to permit a free exchange of ideas and concerns, each administrator or operator shall ensure that all meetings are conducted without the presence of facility staff, unless allowed by the residents. (d) Each administrator or operator shall respond	S3060		

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S3060	Continued From page 6 to each written idea and concern received from the council, in writing, within 30 days after the meeting at which the written ideas and concerns were collected. The administrator or operator shall ensure that a copy of each written idea or concern and each response is available to surveyors. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-106 (a) The facility reported a census of 30 residents. Based on interview the Operator failed to ensure the facilitation of the organization of least one resident council that met at least quarterly to provide the residents with a forum to provide input into community governance. Findings included: - Interview on 09/17/24 at approximately 11:15 AM with "Residents'" (R)'s 1, 2, 3, and 4 confirmed they had not attended any resident council meetings. Interview on 09/17/24 at approximately 04:48 PM with Operator A and Licensed Nurse B confirmed the facility lacked documentation of resident council meetings being held. The Operator failed to ensure the facilitation of the organization of least one resident council that met at least quarterly to provide the residents with a forum to provide input into community governance.	S3060		

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S3215	Continued From page 7	S3215		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (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: K.A.R. 26-41-205 (h) (4)	S3215		

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S3215	Continued From page 8 The facility reported a census of 30 "Residents'" (R)'s. Based on observation and interview the operator failed to ensure the facility's "Licensed Nurses'" (LN)'s and "Certified Medication Aides'" (CMA)'s did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation on 09/16/24 at approximately 01:30 PM CMA F unlocked the first medication cart on the west side of the south wall. In the top drawer was an Fiasp flex touch insulin pen labeled with R4's name. The pen lacked documentation of the beyond use date. Fiasp flex touch insulin pen manufacturer recommendation revealed the in-use pen could be stored at room temperature for a maximum of 4 weeks (28 days). Interview with LN C and CMA F on 09/16/24 at approximately 01:30 PM confirmed the in use Fiasp flex touch insulin pen lacked a beyond use date. Observation on 09/16/24 at approximately 01:45 PM CMA F unlocked the locked medication room and in the unlocked the small white refrigerator was an accessed vial of Tubersol solution dated 08/10. Tubersol manufacturer recommendations revealed "a vial of Tubersol which has been entered and in use for 30 days should be discarded."	S3215		

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S3215	Continued From page 9 Interview on 09/16/24 at approximately 01:45 PM with LN C and CMA F confirmed the Tubersol bottle was dated 08/10 and lacked, and she further confirmed the date lacked the identification of the year. The operator failed to ensure the facility's LN's and CMA's did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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: K.A.R. 26-41-104 (d) (1) (2) (3) (4) The facility reported a census of 30 residents.	S3280		

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S3280	Continued From page 10 Based on record review and interview the Operator failed to ensure the facility's disaster and emergency preparedness by ensuring at the time of employment the new employees were provided the facility's emergency management plan, at the time of admission the new residents were provided the facility's emergency management plan, quarterly reviews of the facility's emergency management plan with employees and residents, and an emergency drill which included the evacuation of the residents to a secure location was performed at least annually. Findings included: - Record review of the facility provided document titled "Fire Drill" dated 01/10/23 revealed the facility participated in a drill that included evacuation of all residents "out of the new wing onto the south hall and closed the fire doors." Review of the facility provided document titled "Employee Signatures for Paychecks 07/15/24" had on the upper left corner hand printed "Disaster Preparedness". Interview on 09/16/24 at approximately 12:45 PM with Operator A revealed she began employment with the facility approximately "a month ago". Operator A confirmed she could not provide documentation of the emergency preparedness training to newly hired employees, newly admitted residents, quarterly training to the staff and residents, or a current annual evacuation drill. The Operator failed to ensure the facility's disaster and emergency preparedness by ensuring at the time of employment the new	S3280		

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S3280	Continued From page 11 employees were provided the facility's emergency management plan, at the time of admission the new residents were provided the facility's emergency management plan, quarterly reviews of the facility's emergency management plan with employees and residents, and an emergency drill which included the evacuation of the residents to a secure location was performed at least annually.	S3280		
S3295 SS=F	26-41-206 (c) Dietary Services Menus (c) Menus. A dietetic services supervisor or licensed dietitian or, in any assisted living facility or residential health care facility with fewer than 11 residents, designated facility staff shall plan menus in advance and in accordance with the dietary guidelines adopted by referencein K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (c) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the facility planned menus in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. Findings included: - Observation on 09/16/24 at approximately	S3295		

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S3295	Continued From page 12 12:40 PM on the northeast wall of the dining room next to the entrance of the kitchen is a posting of daily menus. Interview on 09/16/24 at approximately 12:50 PM with Operator A confirmed the facility is not following the posted menus at this time. She stated that the dietary manager was recently terminated, and the facility had just hired a new dietician and a new dietary manager. Interview on 09/17/24 at approximately 11:15 AM with "Residents'" (R)'s 1, 2, 3, and 4 confirmed they were not happy with the food served at the facility and R1 confirmed she is unable to eat the facility noodles due to them not being cooked appropriately. The Operator failed to ensure the facility planned menus in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105.	S3295		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (c)(1) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the facility made the accurate menu plans available to each resident on a weekly basis.	S3296		

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S3296	Continued From page 13 Findings included: - Observation on 09/16/24 at approximately 12:40 PM on the northeast wall of the dining room next to the entrance of the kitchen is a posting of daily menus. Interview on 09/16/24 at approximately 12:50 PM with Operator A confirmed the facility is not following the posted menus at this time. She stated that the dietary manager was recently terminated, and the facility had just hired a new dietician and a new dietary manager. Operator A further confirmed the accurate menus are not provided to the residents on a weekly basis. Interview on 09/17/24 at approximately 11:15 AM with "Residents'" (R)'s 1, 2, 3, and 4 confirmed they were not happy with the food served at the facility and they further confirmed they are not provided the accurate menus on a weekly basis. The Operator failed to ensure the facility made the accurate menu plans available to each resident on a weekly basis.	S3296		
S3297 SS=F	26-41-206 (c) (2) Dietary Services Resident Input in Menu (c) (2) A method shall be established to incorporate input by residents in the selection of food to be served and scheduling of meal service. This REQUIREMENT is not met as evidenced	S3297		

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S3297	Continued From page 14 by: K.A.R. 26-41-206 (c)(2) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to establish a method to incorporate input by the facility residents in the selection of food to be served, and scheduling of the meal services. Findings included: - Observation on 09/16/24 at approximately 12:40 PM on the northeast wall of the dining room next to the entrance of the kitchen is a posting of daily menus. Interview on 09/16/24 at approximately 12:50 PM with Operator A confirmed the facility is not following the posted menus at this time. She stated that the dietary manager was recently terminated, and the facility had just hired a new dietician and a new dietary manager. Operator A the residents have no input at this time on meal selections. She stated if the residents do not like what is being served, they are offered a different option of soup or a sandwich. Interview on 09/17/24 at approximately 11:15 AM with "Residents'" (R)'s 1, 2, 3, and 4, confirmed they were not happy with the food served at the facility and they further confirmed they are not involved in the menu planning. R1 and R2 confirmed they had been offered a soup or sandwich at times. The Operator failed to establish a method to incorporate input by the facility residents in the selection of food to be served, and scheduling of the meal services.	S3297		

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S3298	Continued From page 15	S3298		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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: K.A.R. 26-41-206 (d) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the food preparation included being served to the facility residents at the proper temperatures. Findings included: - Observation on 09/16/24 at approximately 12:40 PM during the facility tour, revealed the refrigerator temperature logs on a clip board located on the southeast side of the kitchen. The	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3298	Continued From page 16 logs lacked documentation of food temperatures being obtained prior to serving to the facility residents. Observation on 09/16/24 at approxmately 12:40 PM during the facility tour revealed the steam table in the kitchen had a large uncovered pot of what appeared to be peas that were mushy, and a large flat uncovered steam table tray that contained a noodle and meat based dish. Interview on 09/16/24 with dietary staff E confirmed she did not obtain the temperatures from the food prior to serving. Interview on 09/16/24 at approximately 12:50 PM with Operator A confirmed the lack of documentation on food temperatures being obtained prior to serving to the facility residents. She stated that the dietary manager was recently terminated and there has been a new dietary manager hired. Interview on 09/17/24 at approximately 11:15 AM with "Residents'" (R)'s 1, 2, 3, and 4 confirmed they were not happy with the food served at the facility. The Operator failed to ensure the food preparation included being served to the facility residents at the proper temperatures.	S3298		
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.	S3299		

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S3299	Continued From page 17	S3299		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-206 (e)(1)

The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the dry food storage did not contain cleaning supplies, and the Operator further failed to ensure the facility food was stored in safe and sanitary conditions.

Findings included:

- Observation on 09/16/24 at approximately 01:00 PM revealed in the dry food storage area in the alcove on the north side of the kitchen, a used and dirty electric style carpet cleaner, an opened can of wall paint, and on the floor on the west side of the dry storage area a small container of painting supplies. In the refrigerator on the east wall behind the second door was a medium sized food storage container that lacked identification of what the container held, and further lacked a date of when it was placed in the refrigerator.

Interview on 09/16/24 at approximately 01:00 PM with Operator A confirmed the carpet cleaner and painting supplies should not be stored in the dry food storage area, and Operator A further confirmed the lack of identification and date of the contents of the medium sized food storage container in the refrigerator on the east wall.

Review of the document from the Department of Agriculture "Focus on Food Safety" dated 8/2017

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S3299	Continued From page 18 stated on page 20; "Must be date marked if it is: prepared on site, or commercially processed, after the original container is opened and held under refrigeration, potentially hazardous, ready-to-eat, held form more than 24 hours." The Operator failed to ensure the dry food storage did not contain cleaning supplies, and the Operator further failed to ensure the facility food was stored in safe and sanitary conditions.	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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	S3305		

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S3305	Continued From page 19 setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (b) (4) The facility reported a census of 30 residents. All 30 residents at food prepared in the same kitchen. Based on observation and interview, the Operator failed to ensure sanitary conditions for food service by not ensuring hot water and chemical strengths were tested and documented at least daily. Findings included: - Observation on 09/16/24 at approximately 12:40 PM during the facility tour, revealed the refrigerator temperature logs on a clip board located on the southeast side of the kitchen. The clip board lacked a log for the documentation for the temperature and chemical strength of the facility's dishwasher being performed daily. Interview on 09/16/24 with dietary staff E confirmed she did not obtain the hot water temperature of the perform the chemical strip testing the chemical strength prior to using the equipment. Interview on 09/16/24 at approximately 12:50 PM	S3305		

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S3305	Continued From page 20 with Operator A confirmed the lack of documentation on the chemical sanitation strips and hot water temperature, she continued to state that there is a company that does come in monthly to check the dishwashing equipment. Operator A confirmed the dietary staff should be completing the chemical strip daily to ensure the chemical strengths were appropriate. The Operator failed to ensure sanitary conditions for food service by not ensuring hot water and chemical strengths were tested and documented at least daily.	S3305		
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: K.A.R. 26-41-207 (c)	S3310		

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S3310	Continued From page 21	S3310		

The facility reported a census of 30 residents. The sample included 3 residents and 5 newly hired employees. Based on interview and record review the Operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for the newly hired facility cook G, and newly hired "Certified Nurse Aides'" (CNA)'s H and I.

Findings included:

- Record review for newly hired facility cook G revealed he began employment approximately 11/15/23. Facility cook G's personnel record lacked documentation of his actual hire date, and further lacked documentation of the required two step TB test being administered within 7 days of employment.

Record review for newly hired CNA H revealed she began employment on approximately 12/20/22. The record contained documentation of CNA H having received the first step of the required two step TB skin test on 12/15/22 and being read on 12/18/22. CNA H's personnel record lacked documentation of the required second step being administered within one to three weeks of the completion of the first step, CNA H's personnel record further lacked documentation of her actual hire date.

Record review for newly hired CNA I revealed she began employment on 05/22/23. CNA I's personnel record lacked documentation of the required two step TB test being administered within 7 days of employment.

Interview on 09/17/24 with Operator A confirmed

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S3310	Continued From page 22 the Personnel Records for the newly hired facility cook G and newly hired CNA H lacked the required documentation of the required two step TB test being administered within 7 days of their employment, she further confirmed the Personnel Record for CNA I lacked documentation of the completion of the required second step of the TB test within one to three weeks of the completion of the fist step. The Operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for the newly hired facility cook G, and newly hired CNA's H and I.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health,	S3320		

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S3320	Continued From page 23 education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 30 residents. Based on observation and interview the Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public. Findings included: - Observation on 09/16/24 at approximately 12:45 PM during the facility tour revealed the following: In the north shower room, there were dirty wet washcloths on the floor of the shower. In the utility room on the north hall there was a large flushable hopper that had a small white trash can smeared on the inside with fecal matter sitting on the back left side of the hopper. On the right rim of the hopper sat a small dirty brush. Sitting in the bowel of the hopper was very dirty water and there was a foul odor present. In the center of the bowel of the hopper there sat a small round plastic container that contained dirty water. On the south side of the dividing wall of the utility room sitting on top of a battery storage case sat a 1-31M225 dual purpose battery. There was corrosion on the black negative post and corrosion of the red positive clamp. In the kitchen sink attached to the facility dish	S3320		

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S3320	Continued From page 24 washer with a garbage disposable attached, was a large amount of food which contained breakfast cereal and other food items. In the utility room on the west hall there was a foul odor and the large flushable hopper held black water. In the shower room, the shower head was leaking a small steady stream of water that had run out of the shower floor and out onto the floor next to the south wall. On the bottom of the south wall of the shower was a black, slimy film, and the floor of the shower was missing paint, showing bare concrete with an uneven surface and rust on the floor drain. The rubber baseboard on the southwest wall next to the shower was peeling away from the wall. Interview with the facility owner 09/16/24 at approximately 02:55 PM confirmed the hoppers on the north and west halls held foul smelling dirty water, the shower had a leaking shower head, the base board on the southwest wall in the shower room on the west hallway was peeling, the shower floor had missing paint and was showing bare concrete, and the black slimy film on the shower wall. He further confirmed the battery sitting on the battery case in the utility room on the north hall was for the flood lights in the hallway on the north hall in case of loss of power, he confirmed the corrosion on the battery post. Interview on 09/17/24 with Operator A at approximately 04:48 confirmed the owner had called in plumbers to remove the hoppers full of the dirty water due to the hoppers not being functional. The Operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel, and the public.	S3320		

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S9999	Final Observations	S9999		

Kansas Statute 39-981.

Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions.
(d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability
services.
(i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each
resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the
room's resident or residents.

This Requirement is not met as evidenced by:

Scope and Severity of E.

The facility reported a census of 30. The sample included 3 residents.Based on observation and interviews for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

Findings included:

- Record review for "Resident" (R) 3 revealed an admission date of 07/01/21 with diagnoses of

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S9999	Continued From page 26	S9999		

back pain, memory loss, numbness and paresthesia, chronic obstructive pulmonary disease, type two diabetes, gait ataxia, peripheral vascular disease, falls, depression and memory impairment.

Review of R3's "Functional Capacity Screen" (FCS) dated 01/13/24 revealed R3 was unable to perform bathing and toileting. She required physical assistance with dressing, transferring, mobility, and supervision with eating. She lacked the ability to manage her own medications and medical treatments. R3 was incontinent and had impaired: short- and long-term memory, memory recall, and decision making. She was able to make herself understood and she understood others. She was marked at risk for falls and impaired decision making and used a walker mobility device.

Review of R3's "Negotiated Service Agreement" dated 01/13/24 identified the facility would provide the following health services: supervision with eating, total assistance with bathing and toileting. Facility staff would physically assist R3 with dressing, transferring, and mobility. The facility would manage her mediations. The facility "Certified Medication Aides'" (CMA's) would dial the insulin pen and R3 would self-inject her own insulin.

Review of R3's "Health Service Plan" (HSP) instructed facility staff to provide total assistance with bathing twice a week, physical assistance with dressing every morning and evening, physical assistance of one staff member for transferring, and physical assistance with walking.

Observation on 09/16/24 at approximately 02:00

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S9999	Continued From page 27 PM A sign posted outside of the room stated video surveillance in progress. Interview on 09/16/24 with Operator A confirmed the resident had a family placed a video camera in the resident room. Observation on 09/16/24 at 12:40 PM revealed the main entrance to the facility lacked postings of video surveillance, there was only 1 resident rooms throughout the facility with posting of video surveillance in the building. For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		