STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052013	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO MEMORY CARE OF BASEHOR I	15695 PINEHURST DRIVE BASEHOR, KS 66007

(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 an intial certification survey for the above named Residential Health Care facility conducted 09/24/24.	S 000		
S3030 SS=F	26-41-101 (g) Availability of Policies and Procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: 3030 KAR 26-41-101(g) The operator reported a census of two residents. Based on observation the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - On 09/24/24 at 08:30 AM during the initial tour of the facility a notice of availability of policies and procedures was not located. The operator failed to ensure a notice of availability was posted in a place readily	S3030		

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

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S3030	Continued From page 1 accessible to residents.	S3030		
S3050 SS=F	26-41-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the facility. The administrator or operator shall ensure that this information is posted in an area readily accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: 3050 KAR 26-41-101(k) The facility reported a census of two residents. Based on observation the operator failed to ensure a copy of the ombudsman contact information was posted in a common area for residents and the public to examine. Findings included: - On 09/24/24 at 08:30 AM during the initial tour of the facility a copy of the ombudsman information was not located. On 09/24/24 at approximately 04:10 PM Administrative Staff A stated that she had	S3050		

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S3050	Continued From page 2 reached out to the corporate office about getting an ombudsman poster to hang on the wall. The operator failed to ensure a copy of the ombudsman information was available in a common area for residents and any other individuals wishing to examine them.	S3050		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, 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 facility, 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: 3080 KAR 26-41-201(a) The facility reported a census of two residents. The sample included both residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) was completed on or before admission for resident (R)101 and R102.	S3080		

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S3080	Continued From page 3 Findings included: - R101's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of Alzheimer's Disease. Review of the R101's medical record revealed a FCS was not completed upon admission to the facility. On 09/24/24 at 03:10 PM Administrative Nurse A stated she started working as the nurse responsible after the memory care unit was opened for business and completed a new FCS after R101 had already moved over from the adjacent assisted living facility. The operator failed to ensure R101's FCS was completed on or before the day of admission to the facility. - R102's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of aphasia. Review of the R102's medical record revealed a FCS was not completed upon admission to the facility. On 09/24/24 at 03:57 PM Administrative Nurse A stated she started working as the nurse responsible after the memory care unit was opened for business and completed a new FCS after R102 had already moved over from the adjacent assisted living facility. The operator failed to ensure R102's FCS was completed on or before the day of admission to	S3080		

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S3080	Continued From page 4 the facility.	S3080		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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: 3085 KAR 26-41-202(a)(1) The facility reported a census of two residents with both residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101 and R102.	S3085		

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S3085	Continued From page 5 Findings included: - R101's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of Alzheimer's Disease. The 07/18/24 FCS identified R101 required physical assistance with medical treatments. The 08/25/24 NSA did not identify how staff addressed R101's medical treatments. Observation on 09/24/24 at 02:40 PM R101 sat in her wheelchair in the living room area and relied on staff to provide her with assistance with her needs. On 09/24/24 at 03:57 PM Administrative Nurse B stated that management of treatments was not addressed on R101's NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R102's medical record revealed she moved into the facility on 07/08/24. The 07/18/24 FCS identified R102 required total assistance from staff with transfers. The 08/29/24 NSA did not identify R102 used bedrails. On 09/24/24 at 02:34 PM an observation of R102's room revealed there were bilateral bedrails mounted on her bed. On 09/24/24 at 03:57 PM Administrative Nurse B	S3085		

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S3085	Continued From page 6 acknowledged R102's NSA did not address the use of bed rails. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3090 SS=F	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: 3090 KAR 26-41-202(c) The facility reported a census of two residents. Based on interview, and record review the operator failed to ensure the development of an initial "Negotiated Service Agreement" (NSA) was completed at admission for resident (R)101 and R102. Findings included: - R101's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of Alzheimer's Disease. Review of 101's records revealed the most current NSA was not completed and signed until 08/25/24, 48 days after R101 admitted to the	S3090		

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S3090	Continued From page 7 facility. On 09/24/24 at 03:10 PM Administrative Nurse B stated she started working as the nurse responsible after the memory care unit was opened for business and completed a new NSA after R101 had already moved over from the adjacent assisted living facility. The operator failed to ensure R101's NSA was developed before or the day of admission. - R102's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of aphasia. Review of 102's records revealed the most current NSA was signed and dated 08/18/24, 52 days after R102 admitted to the facility. On 09/24/24 at 03:57 PM Administrative Nurse B stated she started working as the nurse responsible after the memory care unit was opened for business and completed a new NSA after R102 had already moved over from the adjacent assisted living facility. The operator failed to ensure R102's NSA was developed at admission.	S3090		
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.	S3215		

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S3215	Continued From page 8 (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: 3215 KAR 26-41-205(h)(1) The facility reported a census of two residents. Based on observation and interview, and record review, the operator failed to ensure resident medications were securely stored. Findings included:	S3215		

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S3215	Continued From page 9 - Observation on 09/24/24 at 08:45 AM revealed the medication room was unlocked contained numerous medications, prescription and "Over the Counter" (OTC) medications for both residents. On 09/24/24 at 09:09 AM "Certified Medication Aide" (CMA) C stated the medication room door should be locked at all times. The "Medication Management" policy revised in 2022 documented, "All medications must be stored in locked areas ...Only authorized personnel who are designated by the Residence responsible for administration or provision of medications will have access to the medications." The operator failed to ensure medications were securely stored to ensure only licensed nurses and medication aides had access to stored medications.	S3215		
S3260 SS=F	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of	S3260		

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S3260	Continued From page 10 the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: 3260 KAR 26-41-105(f)(3) The facility reported a census of two residents and both residents were included in the sample. Based on interview and record review the operator failed to ensure both sampled residents (R)101 and R102's medical records contained documentation of an admission agreement. Findings included: -R101's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of Alzheimer's Disease. Review of R101's medical record revealed an admission agreement was not completed upon admission to the memory care facility. On 09/24/24 at 02:46 PM Administrative Staff A	S3260		

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S3260	Continued From page 11 stated an admissions agreement was not completed when R101 transferred from the adjacent assisted living facility to the memory care facility and stated she expected a new admissions agreement to have been completed. The operator failed to ensure designated staff completed an admission agreement with R101 upon admission to the memory care facility. -R102's medical record revealed she moved into the facility on 07/08/24 with a diagnosis of aphasia. Review of R102's medical record revealed an admission agreement was not completed upon admission to the memory care facility. On 09/24/24 at 02:46 PM Administrative Staff A stated an admissions agreement was not completed when R102 transferred from the adjacent assisted living facility to the memory care facility and stated she expected a new admissions agreement to have been completed. The operator failed to ensure designated staff completed an admission agreement with R102 upon admission to the memory care facility.	S3260		
S3285 SS=F	26-41-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by:	S3285		

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S3285	Continued From page 12 3285 KAR 26-41-104(e) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure the emergency management plan was available to staff, residents, and visitors. Findings included: - On 09/24/24 at 08:30 AM the initial tour of the facility failed to locate an emergency management plan stored in an area accessible to all people. On 09/24/24 at 10:00 AM the emergency management plan was located by staff in the locked office. The operator failed to the emergency management plan was accessible to staff, residents, and visitors.	S3285		
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: 3296 KAR 26-41-206(c)(1) The facility reported a census of two residents. Based on observation and interview the operator failed to ensure menu plans were available to	S3296		

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S3296	Continued From page 13 each resident on at least a weekly basis which affected all residents. Findings included: - On 09/24/24 at 08:52 AM observation of the kitchen and dining room area failed to locate a copy of the weekly menu posted. On 09/24/24 at approximately 04:10 PM Administrative Nurse B stated she did not believe a weekly menu was posted in the memory care facility. The 2022 "Food Services" policy documented, "Menus are posted in a prominent place for residents to see and are planned at least on a weekly basis." The operator failed to ensure menu plans were made available to each resident on at least a weekly basis.	S3296		
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	S3298		

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S3298	Continued From page 14 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: 3298 KAR 26-41-206 (d) The facility had a census of two residents. Both residents ate food prepared in the same kitchen. The operator did not ensure food items were served at the proper temperature when staff failed to complete food temperature logs for each meal. Findings included: - On 09/24/24 at 08:52 AM an observation of the kitchen failed to locate food temperature logs completed by staff. On 09/24/24 at 09:20 AM "Certified Nurse Aide" (CNA) D stated staff brought food from the assisted living building but did not log down food temperatures before serving meals to the residents living at the memory care facility. On 09/24/24 at 10:05 AM Administrative Staff A stated she expected food temperature logs to be completed. The 2022 "Food Services" policy documented, "Cold foods are generally served at temperature of 40 degrees or below and hot foods must be	S3298		

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S3298	Continued From page 15 maintained at temperatures over 140 degrees F and above as per "Focus on Food Safety" from the Kansas Department of Health and Environment." The operator failed to ensure food items were served at the proper temperature.	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. This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206 (e) The facility had a census of two residents. Both residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to document temperatures of food items stored in the refrigerator/freezer were at acceptable temperatures according to food safety guidelines. Findings included: - An observation of the kitchen on 09/24/24 at 08:52 AM failed to find documentation of refrigerator/freezer temperatures documented by	S3299		

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S3299	Continued From page 16 staff. On 09/24/24 at 09:20 AM "Certified Nurse Aide" (CNA) D stated staff were never told to log down refrigerator and freezer temperatures. On 09/24/24 at 10:05 AM Administrative Staff A stated it was her expectation that staff completed refrigerator/freezer temperature logs. The 2022 "Food Services" policy documented, "The kitchen staff will be responsible for maintaining the kitchen logs. First shift employees will log refrigerator/freezer temperatures ... " The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
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	S3310		

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S3310	Continued From page 17 by: 3310 KAR 26-41-207(c) The facility reported a census of two residents. The sample included both residents. Based on interview and record review for two residents and five new employee records, 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. This failure effected all residents who lived in the assisted living facility. Findings included: - Review of five newly hired employee files revealed the following: "Certified Medications Aide" (CMA) F hired on 07/17/24. Review of personnel records revealed the TB symptom screening questionnaire was completed on 08/30/24 and the first step of the two-step "TB skin test" (TST) was administered on 08/30/24 which were 37 days late. "Certified Nurse Aide" (CNA) G hired on 07/29/24. Review of personnel records revealed the TB symptom screening questionnaire was completed on 08/30/24 and the first step of the two-step TST was administered on 08/30/24 which were 24 days late. On 09/24/24 at 12:24 PM Administrative Nurse B stated the TB screening questionnaire and two-step TST for CNA G and CMA F were missed and acknowledged they were not started within seven days of being hired.	S3310		

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S3310	Continued From page 18 The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment ..." For two of five new employee record reviewed, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	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 19 education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254(a) The facility reported a census of two residents. Based on observation, and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 09/24/24 at 08:52 AM revealed the unlocked pantry room located off the kitchen revealed a brown basket which contained the following chemicals with KEEP OUT OF REACH OF CHILDREN warning labels: One 24-ounce (oz.) bottle of Lysol Power Clinging Gel One 32 fluid oz.(fl. oz.) spray bottle of Don-O-Mite disinfectant Cleaner One 32 fl. oz. spray bottle that contained a yellowish liquid but was not labeled One 21 oz. container of Comet bleach powder cleaner One quart bottle of Renown Bacterial Digestant The cabinet underneath the kitchen sink on the south, outside wall had the following unlocked chemicals with KEEP OUT OF REACH OF	S3320		

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S3320	Continued From page 20 CHILDREN warning labels: One 32 fl. oz. bottle of Don-O-Mite Disinfectant Cleaner An open container of Great Value Advanced Dishwasher Pacs Two containers of CLOROX-brand disinfectant wipes On 09/24/24 a policy concerning chemical storage was requested from the operator but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be	S3420		

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S3420	Continued From page 21	S3420		

arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas.

(3) Electrical requirements.

(A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting.

(B) Minimum lighting intensity levels shall be as required in Table 1.

(C) Each corridor and stairway shall remain lighted at all times.

(D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.

This REQUIREMENT is not met as evidenced by:
3420
KAR 28-39-256(c)(2)(B)

The facility reported a census of two residents. Based on observation, record review, and interview, the operator failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at the bathroom sinks of both resident rooms tested.

Findings included:

On 09/24/23 at 02:34 PM an observation was made of resident (R)102's bathroom sink which

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S3420	Continued From page 22 had a hot water temperature that measured 128.8 degrees F. On 09/24/24 at approximately 02:40 PM an observation was made of R101's bathroom sink which had a hot water temperature that measured 132.2 degrees F. Review of the "Water Temp Checklist- Monthly" revealed the hot water temperatures for suites #1 and #2 for the month of August 2024 had temperatures of 125 degrees F and 124 degrees F. On 09/24/24 at 03:30 PM Administrative Staff A stated the hot water temperatures should be between 90 degrees F and 120 degrees F and acknowledged the hot water temperatures in R101, R102's rooms exceeded 120 degrees F. A policy concerning water temperatures was requested on 09/24/24 but none was provided by staff. The operator failed to ensure the temperature of hot water ranged between 98 degrees F and 120 degrees F at resident bathroom faucets.	S3420		
S9999	Final Observations 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	S9999		

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S9999	Continued From page 23	S9999		

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.

Scope and Severity of F.

This requirement is not met as evidenced by:

The facility reported a census of two. The sample included both 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:

- An observation on 09/24/24 at approximately 08:30 AM revealed there was no notice of video cameras in use conspicuously posted at the front entrance.

During the entrance meeting on 09/24/24 at 10:00 AM Administrative Staff A stated the facility did not utilize video surveillance but understood that both resident rooms had video surveillance cameras installed by family.

An observation on 09/24/24 at approximately 02:35 PM of both resident rooms revealed there were no posting outside of the resident rooms to

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S9999	Continued From page 24 alert individuals of possible use of video surveillance in the resident rooms. On 09/24/24 at approximately 04:10 PM Administrative Staff A stated the video surveillance information to post was available on their website. 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		