STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103004	A. BUILDING: _____ B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF FREDONIA	2111 E WASHINGTON STREET FREDONIA, KS 66736

(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 number 182128, for the above named facility conducted on 10/09/24 and 10/10/24.	S 000		
S3080 SS=E	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: K.A.R. 26-41-201 (a) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the screening form included the definitions specified by the department for R2 and R3. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for R2 revealed an admission date of 07/20/22 with diagnoses of unspecified dementia, pressure ulcer of the left heel, anemia, bladder neck obstruction, urethral stricture, essential hypertension, and nocturia. Review of R2's FCS dated 9/17/24 under the section titled "D. Cognition - Memory, Recall (record results from exam in manual)", had the following scores listed; Short Term Memory 2 Long Term Memory 2 Memory/Recall 2 Decision-Making 2 Record review for R3 revealed an admission date of 05/19/23 with diagnoses of altered mental status, and hypokalemia. Review of R3's FCS dated 02/06/24 under the section titled "D. Cognition - Memory, Recall (record results from exam in manual)", had the following scores listed; Short Term Memory 3 Long Term Memory 3 Memory/Recall 3 Decision-Making 3 Review of the departments "Resident Functional Capacity Screen Manual" updated 07/11/2008, under the section titled "D. Cognition, Memory, Recall", instructed the person conducting the screen to "Enter a "0" if the resident was able to recall the information requested, or a "1" if the resident had difficulty recalling the information requested. Interview on 10/10/24 at approximately 02:30 PM with Operator A and Licensed Nurse B confirmed the scoring documented on R2 and R3's FCS	S3080		

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S3080	Continued From page 2 under D. Cognition, did not match the definition specified by the department. The Operator failed to ensure the screening form included the definitions specified by the department for R2 and R3.	S3080		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement 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, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (d) (1) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the" Negotiated Service Agreement" (NSA) for R1 and R2 were reviewed and if necessary revised at least every 365 days.	S3092		

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S3092	Continued From page 3 Findings included: - Record review for R1 revealed an admission date of 09/24/23 with diagnoses of Hypertension, type two diabetes, urinary retention, urinary incontinence, and anemia. Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/24 revealed he was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and was continent. His cognition was intact, he was able to make himself understood and he understood others. He used a walker mobility device. Review of R1's NSA dated 09/26/23 identified the facility would provide the following health services: stand by assistance with personal care and bathing and qualified staff to administer R1's medications. Record review for R2 revealed an admission date of 07/20/22 with diagnoses of unspecified dementia, pressure ulcer of the left heel, anemia, bladder neck obstruction, urethral stricture, essential hypertension, and nocturia. Review of R2's FCS dated 9/17/24 revealed R2 required physical assistance with bathing, dressing, toileting, and transferring, and mobility. R2 required supervision with eating. He lacked the ability to manage his own medications and was continent. R2 had impaired short-term, long-term, memory recall and decision making. He was able to make himself understood and he sometimes understood others. He was marked as a fall risk, having impaired hearing and impaired decision making.	S3092		

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S3092	Continued From page 4 Review of R2's NSA dated 07/11/23 identified the facility staff would provide the following health services: assistance with bathing, personal care, management of his medications and medical treatments, physical assistance with transferring, and he used a wheelchair mobility device. Interview on 10/10/24 at approximately 02:30PM with Operator A and Licensed Nurse B confirmed the NSA's for R1 and R2 were greater then 365 days old. The Operator failed to ensure the NSA for R1 and R2 were reviewed and if necessary revised at least every 365 days.	S3092		
S3165 SS=F	26-41-204 (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: K.A.R. 26-41-204 (d) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the" Negotiated Service Agreement" (NSA) named the "Licensed Nurse" (LN) responsible for the implementation and supervision of the "Health Service Plans" for R's 1, 2, and 3.	S3165		

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S3165	Continued From page 5 Findings included: - Record review for R1 revealed an admission date of 09/24/23 with diagnoses of Hypertension, type two diabetes, urinary retention, urinary incontinence, and anemia. Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/24 revealed he was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and was continent. His cognition was intact, he was able to make himself understood and he understood others. He used a walker mobility device. Review of R1's NSA dated 09/26/23 identified the facility would provide the following health services: stand by assistance with personal care and bathing and qualified staff to administer R1's medications. LN C was listed as the nurse responsible for the implementation and supervision of the HSP. - Record review for R2 revealed an admission date of 07/20/22 with diagnoses of unspecified dementia, pressure ulcer of the left heel, anemia, bladder neck obstruction, urethral stricture, essential hypertension, and nocturia. Review of R2's FCS dated 9/17/24 revealed R2 required physical assistance with bathing, dressing, toileting, and transferring, and mobility. R2 required supervision with eating. He lacked the ability to manage his own medications and was continent. R2 had impaired short-term, long-term, memory recall and decision making.	S3165		

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S3165	Continued From page 6 He was able to make himself understood and he sometimes understood others. He was marked as a fall risk, having impaired hearing and impaired decision making. Review of R2's NSA dated 07/11/23 identified the facility staff would provide the following health services: assistance with bathing, personal care, management of his medications and medical treatments, physical assistance with transferring, and he used a wheelchair mobility device. LN D was listed as the nurse responsible for the implementation and supervision of the HSP. - Record review for R3 revealed an admission date of 05/19/23 with diagnoses of altered mental status, and hypokalemia. Review of R3's FCS dated 02/06/24 revealed R3 required physical assistance with bathing, dressing, toileting, and transferring, mobility and eating. She lacked the ability to manage her own medications and was frequently incontinent. She had impaired short-term, long-term, memory recall and decision making. She was usually able to make himself understood and she sometimes understood others. She was marked as a fall risk and having impaired decision making. She used a wheelchair mobility device. Review of R3's NSA dated 02/26/24 identified the facility would provide the following health services: provide 1 to 2 staff for all cares. Manage her medications and medical treatments. LN C was listed as the nurse responsible for the implementation and supervision of the HSP.	S3165		

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S3165	Continued From page 7 Interview on 10/10/24 at approximately 02:30 PM with Operator A confirmed the LN responsible for the implementation of the HSP's for R's 1, 2, and 3 was LN B, and LN C and LN D were no longer employed by the facility. The Operator failed to ensure the NSA named the LN responsible for the implementation and supervision of the HSP's for R's 1, 2, and 3.	S3165		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (e) The facility reported a census of 22 residents and 5 newly hired employees. Based on interview and record review the Operator failed to ensure the "Licensed Nurse" (LN) showed documentation of delegated nursing procedures not included in the medication aide curriculums to medication aides, respectively, under the Kansas Nurse Practice act, K.S.A. 65-1124 and amendments thereto for the dialing of insulin pens and obtaining a fingerstick blood glucose reading. Findings included:	S3166		

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S3166	Continued From page 8 - Record review of the facility provided "Resident Roster" revealed there were three residents in the facility that received insulin injections. Record review of newly hired "Certified Medication Aide" (CMA) E revealed she began employment on 08/23/23. Her personnel record lacked documentation of the delegated nurse task of dialing the insulin pen and obtaining a fingerstick blood glucose. Record review of newly hired CMA F revealed she began employment on 05/08/23. Her personnel record lacked documentation of the delegated nurse task of dialing the insulin pen and obtaining a fingerstick blood glucose. Interview on 10/10/24 at approximately 02:30 PM with Operator A and LN B confirmed the facility CMA's dial the insulin pens and the residents must self-inject the insulin. They further confirmed the CMA's do perform finger stick blood glucose test. The Operator failed to ensure LN showed documentation of delegated nursing procedures not included in the medication aide curriculums to medication aides, respectively, under the Kansas Nurse Practice act, K.S.A. 65-1124 and amendments thereto for the dialing of insulin pens and obtaining a fingerstick blood glucose reading.	S3166		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with	S3171		

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S3171	Continued From page 9 acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on observation, interview, and record review, the operator failed to provide health care services in accordance with professional standards of practice for R's 1, 2, and 3, when the operator failed to ensure an assessment was performed that confirmed the bed assist device was not a restraint, the resident's ability to safely use the device, an assessment showing the bed assist device posed no risk for entrapment and was securely attached to the bed or the bed frame, include a description of the device its purpose and special instructions in the "Negotiated Service Agreement" (NSA) / "Health Service Plan (HSP), and document periodic reassessments of the residents ability to safely use the device and document that in the resident records. Findings included: - Record review for R1 revealed an admission date of 09/24/23 with diagnoses of Hypertension, type two diabetes, urinary retention, urinary incontinence, and anemia. Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/24 revealed he was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and was	S3171		

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S3171	Continued From page 10 continent. His cognition was intact, he was able to make himself understood and he understood others. He used a walker mobility device. The bed assist device was not listed in the comments section of the FCS. Review of R1's NSA dated 09/26/23 identified the facility would provide the following health services: stand by assistance with personal care and bathing and qualified staff to administer R1's medications. Review of R1's HSP instructed facility staff to assist with bathing. The NSA/HSP lacked a description of the bed assist device, its purpose, and any special instructions for the device. Review of R1's medical records and electronic "Medical Records" under the "Assessments Tab" revealed a lack of documentation R1's bed assist device was not a restraint, R1's ability to safely use the device, and assessment showing the device was securely attached to the bed. Observation on 10/10/24 at approximately 02:00PM of R1's bed revealed a hospital bed with a quarter rail on both sides of the bed measuring approximately 45 centimeters (CM) in height and 67 CM in width. - Record review for R2 revealed an admission date of 07/20/22 with diagnoses of unspecified dementia, pressure ulcer of the left heel, anemia, bladder neck obstruction, urethral stricture, essential hypertension, and nocturia.	S3171		

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S3171	Continued From page 11 Review of R2's FCS dated 9/17/24 revealed R2 required physical assistance with bathing, dressing, toileting, and transferring, and mobility. R2 required supervision with eating. He lacked the ability to manage his own medications and was continent. R2 had impaired short-term, long-term, memory recall and decision making. He was able to make himself understood and he sometimes understood others. He was marked as a fall risk, having impaired hearing and impaired decision making. The bed assist device was not listed in the comments section of the FCS. Review of R2's NSA dated 07/11/23 identified the facility staff would provide the following health services: assistance with bathing, personal care, management of his medications and medical treatments, physical assistance with transferring, and he used a wheelchair mobility device. Review of R2's HSP instructed facility staff to provide physical assistance with bathing, transferring, dressing, administer his medications and perform medical treatments. The NSA lacked a description of the bed assist device, its purpose, and any special instructions for the device. Review of R2's medical records and electronic "Medical Records" under the "Assessments Tab" revealed a lack of documentation R2's bed assist device was not a restraint, R2's ability to safely use the device, and assessment showing the device was securely attached to the bed. Observation on 10/10/24 at approximately	S3171		

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S3171	Continued From page 12 02:00PM of R2's bed revealed on the east side of the bed an inverted "U" shaped device that slid under the mattress and was securely attached to the bed. The device measured approximately 52CM in height and 50.5 CM in width, the open in the "U" shape was approximately 4 inches from the top of the mattress. - Record review for R3 revealed an admission date of 05/19/23 with diagnoses of altered mental status, and hypokalemia. Review of R3's FCS dated 02/06/24 revealed R3 required physical assistance with bathing, dressing, toileting, and transferring, mobility and eating. She lacked the ability to manage her own medications and was frequently incontinent. She had impaired short-term, long-term, memory recall and decision making. She was usually able to make himself understood and she sometimes understood others. She was marked as a fall risk and having impaired decision making. She used a wheelchair mobility device. Review of R3's NSA dated 02/26/24 identified the facility would provide the following health services: provide 1 to 2 staff for all cares. Manage her medications and medical treatments. Review of R3's HSP instructed the facility staff to check on R3 at frequent intervals hourly to monitor for needed assistance from staff, administer medications and perform medical treatments. Review of R3's medical records and electronic "Medical Records" under the "Assessments Tab" revealed a lack of documentation R3's bed assist device was not a restraint, R3's ability to safely	S3171		

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S3171	Continued From page 13 use the device, and assessment showing the device was securely attached to the bed. Observation on 10/10/24 at approximately 02:00PM of R3's bed revealed a quarter rail securely attached on each side of the bed that measured approximately 80 CM in width and 46 CM in height. There were no large openings in the rail. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.	S3171		

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S3171	Continued From page 14 Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. Interview on 10/10/24 at approximately 02:30 PM with Operator A and Licensed Nurse B confirmed the medical records for R's 1, 2, and 3 lacked assessment that confirmed the bed assist device was not a restraint, the resident's ability to safely use the device, an assessment showing the bed assist device posed no risk for entrapment and was securely attached to the bed or the bed frame, include a description of the device its purpose and special instructions in the "Negotiated Service Agreement" (NSA) / "Health Service Plan (HSP), and document periodic reassessments of the residents ability to safely use the device and document that in the resident records.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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.	S3175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103004	A. BUILDING: _____ B. WING _____	10/10/2024

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S3175	Continued From page 15	S3175		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (a)

The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure an evaluation of R1's physical, cognitive, and functional ability to safely and accurately self-administer his insulin.

Findings included:

- Record review for R1 revealed an admission date of 09/24/23 with diagnoses of Hypertension, type two diabetes, urinary retention, urinary incontinence, and anemia.

Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/24 revealed he was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and was continent. His cognition was intact, he was able to make himself understood and he understood others. He used a walker mobility device.

Review of R1's NSA dated 09/26/23 identified the facility would provide the following health services: stand by assistance with personal care and bathing and qualified staff to administer R1's medications.

Review of R1's HSP instructed facility staff to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103004	A. BUILDING: _____ B. WING _____	10/10/2024

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S3175	Continued From page 16 assist with bathing. Interview on 10/10/24 at approximately 02:30 PM with Operator A and Licensed Nurse B confirmed R1 self-injected his own insulin after the qualified Certified Medication Aide or the Nurse dialed the insulin pen. Operator failed to ensure an evaluation of R1's physical, cognitive, and functional ability to safely and accurately self-administer his insulin.	S3175		
S3186 SS=E	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: K.A.R. 26-41-205 (b) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration and management of his insulin.	S3186		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103004	A. BUILDING: _____ B. WING _____	10/10/2024

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S3186	Continued From page 17 Findings included: - Record review for R1 revealed an admission date of 09/24/23 with diagnoses of Hypertension, type two diabetes, urinary retention, urinary incontinence, and anemia. Review of R1's "Functional Capacity Screen" (FCS) dated 09/19/24 revealed he was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and was continent. His cognition was intact, he was able to make himself understood and he understood others. He used a walker mobility device. Review of R1's NSA dated 09/26/23 identified the facility would provide the following health services: stand by assistance with personal care and bathing and qualified staff to administer R1's medications. Review of R1's HSP instructed facility staff to assist with bathing. Interview on 10/10/24 at approximately 02:30 PM with Operator A and Licensed Nurse B confirmed R1 R1's NSA lacked identification of who was responsible for the administration and management of his insulin. The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration and management of his insulin.	S3186		