STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075008	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF THE FLINT HILLS LLC	11771 LEGACY PLACE SAINT GEORGE, KS 66535

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named residential health care facility conducted on 11/07/24.	S 000	26-41-104 (a) The DPOA choose to move her immediately to the sister community of Memory Care were two qualified staff are staffed 24/7 overnight.	11/7/24
S3265 SS=J	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(a) The facility reported a census of 15 residents with three included in the sample. The operator failed to ensure a sufficient number of staff to take residents, who required assistance in an emergency or disaster, to a secure location. This failure resulted in immediate jeopardy findings when the facility reported Resident (R)1 lived at the facility and required two-person assistance and scheduled only one staff member to provide cares to residents in the facility. Findings included: - Record review for R1 revealed an admission date of 06/09/21 with diagnoses of Parkinson's disease, asthma, and peripheral venous insufficiency. A previous Functional Capacity Screen (FCS)	S3265	We currently do not admit 2 person transfers in this building but as the age in place and upon nursing accessing them as being a two person for any care needs and in case of emergency evacuation we will ensure two qualified staff in the community 24/7 immediately until the two-assist resident can be transferred to another appropriate community with the required 30 days notice or the family agrees to a rate increase for the cost incurred for the staffing of the second person overnight. Also upon admission we will be very upfront that if they become a two person assist at any point they will have to be moved to out sister community or transfered. We will continue to maintain doing full evacuations per each shift and ensure that each night shift worker that works in the building alone is trained on the full evacuation by doing it by themselves or be present during the drill and watching it being done to the full extended of all residents being evacuated without helping but witnessing what to do.	

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

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S3265	Continued From page 1 dated 03/24/23 identified R1 was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility and eating; was incontinent; had difficulty with short-term memory, long-term memory, and memory/recall; was at risk for falls; and had impaired vision and hearing. The most recent FCS dated 08/19/24, identified R1 was unable to perform bathing, dressing, toileting, transferring, mobility, and management of medications and treatments; was incontinent; required physical assistance with eating; had difficulty with short-term memory, long-term memory, and memory/recall; was at risk for falls; and had impaired hearing. A previous Negotiated Service Agreement (NSA) dated 03/24/23 identified R1 received complete assistance with bathing, staff assist with dressing, two-to-three-person assistance to restroom, was monitored and changed when incontinent, and required assistance from two to three staff using a Hoyer lift for transfers. Staff administered medications and treatments according to physician orders. The NSA documented at times R1 may be able to pivot transfer at bedside using two assist and gait belt. The most current NSA dated 08/19/24 documented R1 received complete assistance with bathing, assist with dressing, was checked and changed when incontinent, and required assistance from two staff using a Hoyer lift for transfers. Staff administered medications and treatments according to physician orders. The NSA documented, "In the event of needing to evavuate [sic] the building, resident will require staff assistance using wheelchair."	S3265		

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S3265	Continued From page 2 The 08/19/24 Health Service Plan (HSP) identified R1 received complete assistance with bathing, toileting, dressing, ambulation, and hearing. The HSP noted in the event of evacuation of the building, the resident "will require transfer assist to wheelchair/electric chair and cueing ...Hoyer lift to be used for safety." Review of resident roster form provided by facility on 11/07/24 revealed R1 required two staff for transfers. Observation on 11/07/24 at 12:14 PM R1 was sitting in her recliner with Hoyer lift sling under her entire body with the Hoyer lift located in resident's bathroom. R1 stated at that time that she cannot bear weight on her legs to be transferred any way other than with a Hoyer lift. On 11/07/24 at 12:11 PM Administrative Nurse B stated that R1 used a Hoyer lift for transfers. On 11/07/24 at 12:33 PM Certified Nurse Aide (CNA) E stated that she transferred R1 this morning and used the Hoyer lift and another staff member. On 11/07/24 at approximately 12:35 PM Certified Medication Aide (CMA) D stated R1 was not safe to transfer using less than two staff or without a Hoyer lift. On 11/07/24 at 12:53 PM Administrative Staff A stated that she expected staff to call the other house owned by same company to get help to transfer R1, which would leave only one staff member available in the other house they pulled the staff member from.	S3265		

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S3265	Continued From page 3	S3265		

Review of facility's "2023 Schedule" and "2024 Shift Schedule" revealed one staff member worked without another qualified staff member present from 11:00 PM until 07:00 AM for the following dates: 03/06/23, 03/08/23, 03/16/23, 03/20/24, 03/22/23, 03/25/23, 03/26/23, 03/28/23, 03/30/23, 03/31/23, 04/05/23, 04/11/23, 04/13/23, 04/14/23, 04/17/23, 04/19/23 through 05/05/23, 05/08/23 through 05/20/23, 05/22/23 through 01/15/24, 01/17/24 through 11/04/24, 11/06/24, and 11/07/24.

Review of the annual full evacuation documentation dated 05/31/23 revealed the evacuation was conducted at 11:14AM with 13 residents, four staff members, and lasted five minutes. Dispatch received the alarm at 11:14:25 AM.

Review of the annual full evacuation documentation dated 09/28/23 revealed the evacuation was conducted at 09:30 PM with 15 residents, one staff member, and lasted eleven minutes. Dispatch received alarm at 03:13 PM.

Review of the annual full evacuation documentation dated 05/22/24 revealed the evacuation was conducted at 03:08 PM with 14 residents, one visitor and three staff members lasted six minutes and thirty-one seconds. Dispatch received the alarm at 03:13 PM.

The facility's "Staffing" policy dated 03/07/22 documented the facility "shall provide a sufficient number of qualified personnel to provide each resident with the services and care in accordance with that resident's needs based on the FCS, HCSP, and NSA."

Facility schedule revealed the operator failed to

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S3265	Continued From page 4 ensure a sufficient number of staff for 579 days from 03/06/23 until 11/07/24 to take residents who would require assistance of two staff to transfer in an emergency or disaster to a secure location. The Immediate Jeopardy was removed on 11/07/24 when the facility operator documented the following plan, and it was accepted by the State Agency at 02:35 PM: 1. She would ensure two qualified staff in the community 24/7 until the two-assist resident can be transferred. 2. The resident elected to move, and was transferred at 02:20 PM to another facility The operator failed to ensure a sufficient number of staff to take residents, who required assistance in an emergency or disaster, to a secure location. This failure resulted in immediate jeopardy findings when the facility reported R1 lived at the facility and required two-person assistance and scheduled only one staff member to provide cares to residents in the facility.	S3265		