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	B026002	A. BUILDING: _____ B. WING _____	12/12/2024

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THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #192189 at the above named Home Plus conducted on 12/11/24 and 12/12/24.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) The facility reported a census of four residents. The sample included all four residents. Based on interview, and record review the operator failed to ensure a "Functional Capacity Screen" (FCS) for resident (R)104 was reviewed and revised at least annually. Findings included: - R104's medical record revealed she moved into the facility on 09/07/21 with a diagnosis of dementia.	S5085		

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

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S5085	Continued From page 1 The most current FCS available in R104's medical records was dated 05/10/23 with no documentation to show a FCS was completed since this date. On 12/12/24 at 01:25 PM Administrative Staff A stated that he thought he had completed an FCS for 2024 but was not able to locate one in R104's medical chart. The operator failed to ensure an FCS for R104 was reviewed and revised as needed at least annually.	S5085		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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: KAR 26-42-202(a)(1)	S5105		

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S5105	Continued From page 2 The facility reported a census of four residents all of which were included in the sample. Based on 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. Findings included: - R101's medical record revealed he moved into the facility on 11/01/23. The 10/06/24 FCS identified R101 triggered for falls and had impaired decision-making. The 10/17/24 NSA did not address what services staff provided R101 concerning falls and impaired decision-making. On 12/11/24 at 03:05 PM Administrative Staff A acknowledged R101's NSA did not address all that triggered on the FCS. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed he moved into the facility on 02/16/24 with a diagnosis of weakness and seizures. The 02/16/24 FCS identified R102 triggered for falls and impaired decision-making.	S5105		

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S5105	Continued From page 3 The 02/16/24 NSA did not address the use of a bed alarm and did not address falls or impaired decision-making. An observation on 12/12/24 at 11:33 AM revealed R102 had a bed alarm in place on his bed. On 12/12/24 at 11:34 AM "Certified Medication Aide" (CMA) E stated R102 had a bed alarm in place. On 12/12/24 at 01:26 PM Administrative Staff A stated it was his expectation that the NSA addressed all that triggered on the FCS. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS and failed to identify that he used a bed alarm. - R103's medical record revealed he moved into the facility on 04/24/24 with a diagnosis of generalized weakness and unsteady gait. The 04/24/24 FCS identified R103 triggered for wandering. The 04/24/24 NSA did not address the use of a bed alarm and did not address wandering. An observation on 12/12/24 at 11:33 AM revealed R103 had a bed alarm in place on his bed. On 12/12/24 at 11:23 AM CMA E stated R103 has used a bed alarm for several months.	S5105		

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S5105	Continued From page 4 On 12/12/24 at 01:26 PM Administrative Staff A stated the R103's NSA did not include the use of a bed alarm and stated that it was his expectation the NSA addressed all that triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS and failed to identify that he used a bed alarm.	S5105		
S5116 SS=D	26-42-202 (d) NSA 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, 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: KAR 26-42-202(d)(1)(4) The facility reported a census of four residents with all four residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service	S5116		

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S5116	Continued From page 5 Agreement" (NSA) was reviewed and revised as needed at least once every 365 days for resident (R)104. Findings included: - R104 admitted to the facility on 09/07/21 with diagnosis of dementia. The 05/10/23 NSA revealed R104 was severely cognitively impaired. R104's medical record lack evidence an NSA was reviewed and revised as needed within 365 day as no NSA had been completed for 2024. On 12/12/24 at 01:25 PM Administrative Staff A stated that he thought he had completed an NSA for 2024 but was not able to locate one in R104's medical chart. The operator failed to ensure designated staff revised the NSA at least once every 365 days.	S5116		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h)	S5126		

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S5126	Continued From page 6 The facility had a census of four residents. Four residents were included in the sample. The operator failed to ensure everyone involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for resident (R)102 and R104. Findings included: - R102 admitted to the facility on 02/16/24 with diagnoses of weakness and seizures. The 02/16/24 NSA revealed R102 was severely cognitively impaired, and the NSA was not signed by R102's legal representative. On 12/12/24 at 01:26 PM Administrative Staff A acknowledged R102's NSA was not signed by his legal representative and stated it was his expectation that the NSA be signed by all involved in the development of the NSA. The operator failed to ensure R102's NSA was signed by his legal representative. - R104 admitted to the facility on 09/07/21 with diagnosis of dementia. The 05/10/23 NSA revealed R104 was severely cognitively impaired, and the NSA was not signed by R104's legal representative. On 12/12/24 at 01:25 PM Administrative Staff A acknowledged R104's NSA was not signed by her legal representative and stated it was his expectation that the NSA be signed by all	S5126		

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S5126	Continued From page 7 involved in the development of the NSA. The operator failed to ensure R104's NSA was signed by his legal representative.	S5126		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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: KAR 26-42-206 (e) The facility had a census of four residents. All five residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature as evidenced by food temperature logs not being completed. Findings included:	S5192		

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S5192	Continued From page 8 - On 12/11/24 at approximately 02:08 PM an observation of the kitchen revealed a notebook with food temperature logs. The November 2024 only had one entry for the whole month and the December 2024 did not have any entries. On 12/11/24 at 02:15 PM, Administrative Staff A acknowledged the food temperature logs were incomplete and stated staff have been educated on filling them out but they did not follow through. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and	S5215		

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S5215	Continued From page 9 (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: KAR 26-42-104(d)(3) The facility reported a census of four residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents. Findings included: - On 12/11/24 the operator provided documentation for quarterly EMP reviews. No documentation was provided for staff and resident reviews for the year 2024. On 12/11/24 at 04:48 PM Administrative Staff A stated he has not completed quarterly reviews of the EMP with staff and residents for the year 2024. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a	S5230		

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S5230	Continued From page 10	S5230		

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;

(c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-207(c)

The facility reported a census of seven residents. Based on interview and record review 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 KAR 26-39-105.

Findings included:

- Resident (R)101 was admitted to the facility on 11/01/23.

Review of R101's medical records revealed a TB Symptom Screening Questionnaire was completed on 10/31/23 but a two-step "TB skin test" (TST) was not completed and there was no other documentation that indicated a two-step

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S5230	Continued From page 11 TST was completed within six months prior to R101's admission to the facility. Staff also failed to complete an annual a TB Symptom Screening Questionnaire for 2024. On 12/11/24 at 03:05 PM Administrative Staff A stated he could not find a two-step TST in R101's medical records and stated he had not completed an annual TB Symptom Screen Questionnaire for 2024. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ...Each resident ...shall have an annual TB symptom screen." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly admitted residents. - R102 was admitted to the facility on 02/16/24. Review of R102's medical records revealed a TB Symptom Screening Questionnaire was completed on 02/16/24 but a two-step "TB skin test" (TST) was not completed and there was no other documentation that indicated a two-step TST was completed within six months prior to R102's admission to the facility. On 12/12/24 at 01:26 PM Administrative Staff A stated he could not find a two-step TST in R102's medical records.	S5230		

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S5230	Continued From page 12 The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. -Review of three newly hired staff records revealed the following: "Certified Nurse Aide" (CNA) B's employee record revealed a hire date of 03/14/24. The operator failed to ensure a two-step TB skin test was started and ensure a TB Symptom Screen Questionnaire was completed within seven days of employment. CNA C's employee record revealed a hire date of 01/09/24. The operator failed to ensure a two-step TB skin test was started within seven days of employment. CNA D's employee record revealed a hire date of 10/02/24. The operator failed to ensure a two-step TB skin test was started within seven days of employment. On 12/11/24 at 04:34 PM Administrative Staff A stated he thought the documentation provided by the newly hired staff included a two-step TST and failed to notice this information was not included. The June 2013 "Tuberculosis (TB) Guidelines for	S5230		

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S5230	Continued From page 13 Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...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 ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5258 SS=D	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.	S5258		

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S5258	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of four residents. Based on interview and record review, the operator failed to ensure one of three employee records included evidence a criminal background check was completed in a timely manner. Findings included: - Review of employee files conducted on 12/11/24 revealed the following: "Certified Nurse Aide" (CNA) B was hired on 03/14/24. Documentation revealed a criminal background check was completed on 07/23/24, 131 days after being hired. The operator failed to ensure criminal background checks of newly hired staff were completed in a timely manner.	S5258		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the	S5313		

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(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
S5313	Continued From page 15 licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of four residents. Based on observation and interview the operator failed to ensure all over-the-counter medications were labeled with the full name of a resident. Findings included: - Observation on 12/11/24 at 04:50 PM revealed the following over-the counter medications which were not labeled with a resident's full name: Resident (R)101: One bottle of Vick's Dayquil cold and flu medicine R102: One bottle of Equate 8hr Arthritis Pain Relief One bottle of ValuHealth Mucus Relief R103: One bottle of Clear Eyes Natural Tears On 12/11/24 at 04:55 PM Admistrative staff A, acknowledged there were some over-the-counter medication containers that were not labeled with a resident's full name.	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B026002	A. BUILDING: _____ B. WING _____	12/12/2024

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THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

(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
S5313	Continued From page 16 The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		