STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B048002	A. BUILDING: _____ B. WING _____	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE W PLACE AT MEADOWLARK	1211 W KELLY AVENUE KINGMAN, KS 67068

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey with complaint investigation 189295 for the above named facility conducted on 12/30-31/2024.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of seven residents(R). The sample include three residents and one closed record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R4) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living. Findings Included: - R4's medical record revealed she moved into the facility on 09/15/23 with a diagnosis of dementia. R4's "Functional Capacity Screen" FCS dated 09/11/24 identified she needed physical assistance with transfers and eating, and was	S5095		

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

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S5095	Continued From page 1 unable to participate in walk/mobility. Observation on 12/30/24 at 09:45 AM Hospice care giver sat beside R4 feeding her breakfast. The resident did not assist in any attempts to feed herself. Observation on 12/30/24 at 10:56 am Certified Medication Aide (CMA) C and CMA D pushed R4 via wheelchair to her room. They removed her foot pedals and footrest then CMA C put a gait belt around her waist and moved her wheelchair closer to the bed. CMA C put R4's arms and her shoulders and got ahold of the gait belt and lifted her from the wheelchair to the bed. As CMA C lifted R4 from the wheelchair, R4's feet did not touch the floor and she did not help in bearing any weight during the transfer. Staff then rolled R4 from side to side in order to check and change her for incontinence. Interview on 12/30/24 at 10:53 AM CMA D reported one person can help her do all of her daily cares. When there are two of us here, we transfer her with two staff because it is easier on her and us. CMA D reported R4 does not help with any cares and staff basically have to do everything for her. She does not bear any weight when transferring so she is totally dependent on staff. CMA D also reported facility staff have to feed her everything but on occasion she will hold onto finger foods to eat but we cue her and help. Interview on 12/31/24 at 08:40 AM Administrative Nurse B reported R4 can put her arms around staff during a transfer but acknowledged she did not bear any weight. She acknowledged R4 was not bed fast and was mobile throughout the facility using a wheelchair and acknowledged staff have to feed her meals. After review of the FCS	S5095		

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S5095	Continued From page 2 Manual, Administrative Nurse B acknowledged she had not coded R4's FCS accurately. The operator failed to ensure designated staff completed R4's FCS accurately according to the FCS manual, to reflect her functional ability related to transfers, mobility, and eating.	S5095		
S5105 SS=D	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) The facility reported a census of seven residents(R). The sample included three residents and one closed record review. Based on interview, and record review for one (R6) of one closed record review, the operator failed to ensure designated staff developed a "Negotiated	S5105		

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S5105	Continued From page 3 Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive. Findings included: - Review of R6's medical record revealed she moved into the facility on 10/21/23 with a diagnosis of dementia. R6's "Functional Capacity Screen" dated 10/21/24 identified she had a current problem of wandering. R6's "Negotiated Service Agreement" dated 10/21/24 failed to identify services related to the resident wandering. Interview on 12/31/24 at 06:32 AM Certified Medication Aide (CMA) E described R6 as being "antsy. R6 would get up at 03:00 AM and walk around the facility. She would sit in one chair and then go to another chair; she just didn't sit for very long. CMA E reported she could only recall of one time that R6 actually went to the front door trying to leave the facility because she thought she had a hair appointment. Interview on 12/31/24 at 12:36 PM Administrative Nurse B reviewed R6's Negotiated Service Agreement and Care Pl. Administrative Nurse B acknowledged it did not address any services related to R6's wandering. The operator failed to ensure designated staff included services related to wandering.	S5105		

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S5258	Continued From page 4	S5258		
S5258 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of four residents. Based on record review and interview the operator failed to provide evidence of completing the required registry checks upon hire for two of five newly hired staff. This had the potential to affect all residents for whom the employees provided care.	S5258		

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S5258	Continued From page 5 Findings included: - Review of newly hired employee records revealed the following: Certified Medication Aide (CMA) C hired on 08/01/23 did not have a registry check completed until 10/15/23, more than 30 days after hire date. CMA D was hired on 10/01/23 did not have a registry check completed until 10/15/23, two weeks after hire date. Interview on 12/30/24 at at 01:22 PM Administrative Nurse/Operator A acknowledged the first staff she hired were probably late. The operator failed to ensure newly hired employee records contained evidence of completion of the required registry check upon hire.	S5258		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer	S5300		

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S5300	Continued From page 6 medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of seven residents(R). The sample included three residents and one closed record review. Based on record review and interview the operator failed to ensure staff administered medications according to a Medical Providers written order for two (R3 and R4) of three sampled residents. Findings included: - R3's record revealed he moved into the facility on 12/26/23 with diagnosis of dementia. R3's "Functional Capacity Screen" dated 12/26/24 revealed he needed physical assistance with management of medications and had impaired cognition. R3's "Negotiated Service Agreement dated 12/26/24 revealed medications were administered by qualified staff and that he was forgetful and needed staff to reorientate as needed. R3's medical record included the following medical provider orders based upon pharmacy recommendations regarding the use of as needed Lorazepam (antianxiety) : 01/23/24 - Please change to 14-day duration, will re-evaluate at that time. 04/30/24 - Continue for 14 days, required for intermittent periods of agitation.	S5300		

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S5300	Continued From page 7 Review of R3's Medication Administration Records for February, March, April, and May 2024 revealed the designated facility staff did not discontinue the as needed Lorazepam after 14 days use as directed by the medical providers written order. Interview on 12/30/24 at 01:06 PM Administrative Nurse B acknowledged she did not discontinue the Lorazepam after 14 days according to the medical providers written order. The operator failed to ensure designated staff discontinued R3's as needed Lorazepam after 14 days use in accordance with the medical providers written order. - R4's medical record revealed she moved in on 09/15/23 with diagnosis of dementia. R4's "Functional Capacity Screen" dated 09/11/24 revealed she had impaired cognition and was unable to manage her medications. R4's "Negotiated Service Agreement" dated 09/11/24 revealed qualified staff would administer her medications. R4's record included a medical providers signed order dated 01/16/24 related to a pharmacy recommendation to change Lorazepam to 14-day course and will re-evaluate it the next appointment. Review of R4's Medication Administration Record (MAR) from January to May of 2024 the order for as needed Lorazepam remained on the MAR for staff to potentially administer and was administered twice in the month of February,	S5300		

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S5300	Continued From page 8 more than 14 days after the providers order to discontinue it. Interview on 12/30/24 at 01:06 PM Administrative Nurse B acknowledged she did not discontinue the Lorazepam after 14 days according to the medical providers written order. The operator failed to ensure designated staff discontinued R4's as needed Lorazepam after 14 days use according to the providers written order. .	S5300		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure chemicals were maintained in secured areas to maintain the safety of all residents and the public. Findings included: - Review of thee "Resident Roster" provided by	S5335		

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S5335	Continued From page 9 Administrative Nurse/Operator A on 12/30/24 revealed all seven residents had impaired cognition. During initial tour on 12/30/24 surveyor had the following observations of chemicals in areas that were not secured from confused resident's or visitors: The laundry/storage room had the door open and the cabinet above the washer did not lock and contained a jug of laundry soap and gallon of liquid bleach. The room contained multiple cabinets some that locked and some did not. One unlocked cabinet contained a quart jug of bleach and the cabinet below it contained a plastic container of disenfectant wipes. On the counter by the washing machine was a plastic bottle of Pine-Sol and a bottle of No-Rinse floor container. All of the above chemicals had multiple diferent warnings on the labels. Interview on 12/30/24 at 10:00 AM Certified Medication Aide C acknowledged chemicals out on the counter, were supposed to be in the locked cabinet and she also confirmed the cabinets that contained other chemicals were supposed to lock. Interview on 12/30/24 at 12:30 PM Administrative Nurse/Operator A acknowledged the cabinets in the laundry room with chemicals needed to be kept locked. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		