STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059012	A. BUILDING: _____ B. WING _____	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 184913 for the above named facility conducted on 02/25/25 and 02/26/25.	S 000		
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: K.A.R. 26-42-202 (a) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs of each resident and were in accordance	S5105		

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

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S5105	Continued From page 1	S5105		

with the "Functional Capacity Screen" (FCS), service needs, and preferences, that provided a description of services and the identification of the provider of each service for R1 and R2.

Findings included:

- Record review for R1 revealed an admission date of 05/26/20 with diagnoses of Type 2 Diabetes Mellitus, venous insufficiency chronic peripheral, chronic obstructive pulmonary disease, encounter for attention to tracheostomy, chronic respiratory failure with hypoxia, chronic respiratory failure with hypercapnia, lymphedema, morbid obesity with alveolar hypoventilation, dependence on supplemental oxygen and history of falling.

Review of R1's FCS dated 05/20/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and R1 was independent with eating. R1 was independent with managing his own medications, and he lacked the ability to manage his own medical treatments. R1 was continent and had impaired decision making. R1 was able to make himself understood and he understood others. R1 was marked at risk for falls, having socially inappropriate disruptive behavior, and impaired decision making. R1 used a walker and wheelchair mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 05/20/24 identified the facility staff would provide assistance with bathing 2 times a week, assistance with dressing, toileting, transferring, and mobility. The NSA identified a

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S5105	Continued From page 2 local home health agency that would manage the tracheostomy care. The NSA lacked the identification of who was managing R1 medications, and health services for the monitoring for signs and symptoms of hypoxia, hyper/hypo glycemia, and services to manage R1's risk of impaired decision making. - Record review for R2 revealed an admission date of 02/06/23 with diagnoses of Trauma subdural hematoma with loss of consciousness of unspecified duration, encounter for attention to gastrostomy, dysphagia with a "Percutaneous Endoscopic Gastrostomy" (PEG) tube, aphasia, critical illness myopathy, history of falling and long-term use of anticoagulants, and Traumatic Brain Injury. Review of R2' FCS dated 09/13/24 revealed R2 was unable to perform any tasks related to bathing, toileting, dressing, transferring, walking/mobility, or eating. R2 lacked the ability to manage his own medications/medical treatments and was incontinent. R2 had impaired short-term memory, long-term memory, memory recall, and decision making. R2 was rarely or never able to make himself understood and he usually understood others. R2 was marked at risk for impaired decision making. R2 required a mechanical lift and wheelchair mobility devices. Review of R2's NSA dated 09/13/24 instructed the facility staff to provide no liquids by mouth, and R2 could have a mechanically soft diet. Facility staff were to provide bathing assistance 2 times a week, assistance with dressing, toileting	S5105		

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S5105	Continued From page 3 and transferring. Facility staff were to administer and manage R2's medications. The NSA lacked documentation of the identification of who was responsible for the management of R2's PEG tube. Interview on 02/25/25 at approximately 03:00 PM with Operator A confirmed she checks R2's PEG tube for patency on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays. Operator A further confirmed R2's NSA did not provide a description of services for the management of his PEG tube, and who would provide the PEG tube services. The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs of each resident and were in accordance with the FCS, service needs, and preferences, that provided a description of services and the identification of the provider of each service for R1 and R2.	S5105		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced	S5195		

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S5195	Continued From page 4 by: K.A.R. 26-42-206 (f) The facility reported a census of 8 residents. Based on observation and interview the Operator failed to ensure all food was stored under safe conditions, away from poisonous compounds and cleaning supplies. Findings included: - Observation on 02/25/25 at approximately 09:00 AM of the food storage room on the southeast side of the facility, on the south wall sat a wire rack with 6 shelves. The shelves contained various dry food items, and on the bottom shelf sat 2 half gallon containers of Clorox bleach. On the east wall of the room was a set of shelves and on the third shelf down next to a box of cereal and a box of crackers sat a large bottle of Grill Lighter fluid. Interview on 02/25/25 at approximately 09:00 AM with Operator A confirmed the presence of cleaning supplies and poisonous compounds being stored with dry food items. The Operator failed to ensure all food was stored under safe conditions, away from poisonous compounds and cleaning supplies.	S5195		
S5315 SS=F	26-42-205 (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	S5315		

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S5315	Continued From page 5 recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (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: K.A.R. 26-42-205 (h) (1) The facility reported a census of 8 residents. Based on observation and interview the Operator failed to ensure all non-controlled medications	S5315		

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S5315	Continued From page 6 managed by the home were locked in a medication room, cabinet, or medication cart, allowing only "Licensed Nurses'" (LN)'s or "Certified Medication Aides" (CMA)'s access to the stored medications. Findings included: - Observation on 02/25/25 at approximately 08:45 AM of the refrigerator in the home's kitchen revealed the refrigerator doors freely opened and on the top shelf of the left door were two boxes of Afluria Influenza Vaccine. Interview on 02/25/25 at approximately 09:00 AM with Operator A confirmed the presence of the 2 boxes of Afluria Influenza Vaccine. The Operator failed to ensure all non-controlled medications managed by the home were locked in a medication room, cabinet, or medication cart, allowing only LN's or CMA's.	S5315		
S5329 SS=D	26-42-205 (l) (4) Medication Regimen Review Self Administration (l) (4) The administrator or operator, or the designee, shall offer each resident who self-administers medication a medication regimen review to be conducted by a licensed pharmacist or licensed nurse at least quarterly and each time the resident experiences a significant change in condition. A licensed nurse shall maintain documentation of the resident ' s decision in the resident ' s clinical record.	S5329		

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S5329	Continued From page 7 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (l) (4) The facility reported a census of 8 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to offer each resident who self-administered their own medication a medication regimen review to be conducted by a licensed pharmacies or a licensed nurse at least quarterly and each time the resident experienced a change of condition. The Operator further failed to ensure the licensed nurse-maintained documentation of the resident's decision in the resident's clinical record. Findings included: - Record review for R1 revealed an admission date of 05/26/20 with diagnoses of Type 2 Diabetes Mellitus, venous insufficiency chronic peripheral, chronic obstructive pulmonary disease, encounter for attention to tracheostomy, chronic respiratory failure with hypoxia, chronic respiratory failure with hypercapnia, lymphedema, morbid obesity with alveolar hypoventilation, dependence on supplemental oxygen and history of falling. Review of R1's FCS dated 05/20/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and R1 was independent with eating. R1 was independent with managing his own medications, and he lacked the ability to manage his own medical treatments. R1 was continent and had	S5329		

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S5329	Continued From page 8	S5329		

impaired decision making. R1 was able to make himself understood and he understood others. R1 was marked at risk for falls, having socially inappropriate disruptive behavior, and impaired decision making. R1 used a walker and wheelchair mobility device.

Review of R1's "Negotiated Service Agreement" (NSA) dated 05/20/24 identified the facility staff would provide assistance with bathing 2 times a week, assistance with dressing, toileting, transferring, and mobility. The NSA identified a local home health agency that would manage the tracheostomy care.

The NSA lacked the identification of who was managing R1 medications.

Review of R1's "Health Service Plan" (HSP) instructed facility staff to provide medical treatments, and informed facility staff R1 managed his own medications.

Review of R1's medical record revealed it lacked documentation of R1 being offered a medication regimen review to be conducted by a licensed pharmacies or a licensed nurse at least quarterly and each time the resident experienced a change of condition. The Operator further failed to ensure the licensed nurse-maintained documentation of R1's decision in the resident's clinical record.

Interview with Operator A on 02/25/25 at approximately 05:00 PM confirmed R1 did manage his own medications, and she further confirmed R1's medical record lacked documentation of him being offered a medication

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S5329	Continued From page 9 regimen review conducted by the licensed pharmacist or the licensed nurse at least quarterly or with a change of condition. Operator A continued to confirm the lack of documentation in R1's records his decision for the offer of the medication regimen review. The Operator failed to offer each resident who self-administered their own medication a medication regimen review to be conducted by a licensed pharmacies or a licensed nurse at least quarterly and each time the resident experienced a change of condition. The Operator further failed to ensure the licensed nurse-maintained documentation of R1's decision in the resident's clinical record.	S5329		