STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N103005	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF NEODESHA	400 FIR STREET NEODESHA, KS 66757

(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 a resurvey with a complaint 192565 at the above named Assisted Living conducted on 02/24/25 and 02/25/25.	S 000		
S3092 SS=D	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: 3092 KAR 26-41-202(d)(4) The facility reported a census of 26 residents. The sample included three residents. Based on interview, observation, and record review the operator failed to ensure designated staff revised a "Negotiated Service Agreement" (NSA) when new services provided by facility staff were implemented for resident (R)103.	S3092		

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

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S3092	Continued From page 1 Findings included: - R103's medical record revealed she moved into the facility on 09/24/24 with a diagnosis of dementia. The 02/18/25 "Functional Capacity Screen " identified R103 required physical assistance with transfers and had severely impaired cognition. The most current NSA available in R103's medical records was dated 02/18/25 and did not address the use of a pressure relieving air mattress. On 02/25/25 at 11:12 AM an observation of R103's bedroom revealed there was a pressure relieving air mattress in use on her bed. On 02/25/25 at 11:52 AM Administrative Nurse A stated R103's NSA did not address the use of an air mattress. On 02/26/25 at 02:07 PM Administrative Nurse A confirmed the use of a pressure relieving air mattress for R103 was added on 09/25/24. The operator failed to ensure designated staff revised the NSA with new services provide by facility staff for R103 concerning the use of a pressure relieving air mattress.	S3092		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any	S3186		

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S3186	Continued From page 2 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: 3186 KAR 26-41-205(b) The facility reported a census of 26 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 identified the responsible person for administration and management of selected medications. Findings included: -R102's medical record revealed she moved into the facility on 10/02/24 with a diagnosis of diabetes mellitus. The 10/02/24 "Functional Capacity Screen" documented R102 required physical assistance with medication administration. The 10/02/24 NSA documented staff	S3186		

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S3186	Continued From page 3 administered R102's medications. The NSA did not identify that R102 self-administered her Prilosec. 02/05/25 Physician Order for Prilosec 20 milligrams, give one tablet by mouth daily as needed for heartburn. On 02/25/25 at 11:39 AM Administrative Nurse A stated R102 self-administered Prilosec as needed but R102's NSA did not reflect that she self-administered her Prilosec. The operator failed to ensure R102's NSA identified who was responsible for administration and management of Prilosec.	S3186		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a 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; and (c) Each administrator or operator shall ensure the facility ' 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	S3310		

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S3310	Continued From page 4 by: 3310 KAR 26-41-207(c) The facility reported a census of 26 residents. The sample included three residents and two abbreviated record reviews. Based on interview and record review for five new employee records, 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 K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Review of the facility personnel records of five newly hired employee files revealed the following: "Certified Nurse Aide" (CNA) B was hired on 08/15/24. A TB Symptom Screening Questionnaire was completed approximately four months late and did not complete the second step of the two-step TB Skin Test (TST). CNA C was hired on 10/04/23 but lacked evidence the second step of a two-step TB skin test was completed. Dietary Staff D was hired on 03/27/24. The records failed to provide evidence a TB Symptom Screening Questionnaire was completed upon hire. Documentation revealed the second step of the two-step TST was administered two days early.	S3310		

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S3310	Continued From page 5 CNA E was hired on 09/25/24. The records revealed the TB Symptom Screening Questionnaire was completed 79 days late on 12/18/24. Records failed to document a second TST was completed. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within 7 days of ...employment ...If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		