| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|
| WESTY COMMUNITY CARE HOME | 105 N HIGHWAY 99 WESTMORELAND, KS 66549 |

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| S 000 | INITIAL COMMENTS<br><br>The following represents the findings of a resurvey with attached complaint 192881 and 194422 at the above named assisted living facility conducted on 04/01/25 and 04/02/25. | S 000 | | |
| S3082 SS=E | 26-41-201 (d) Functional Capacity Screen Accurate<br><br>d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(d)<br><br>The facility reported a census of 20 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure designated facility staff documented the "Functional Capacity Screen" (FCS) accurately on the functional capacity screening form for Resident (R) 1 and R3.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 10/19/24 with diagnoses of chronic diastolic heart failure, depression, and hypothyroidism.<br><br>The 10/18/24 "Functional Capacity Screen" (FCS) identified R1 required supervision with bathing. | S3082 | | |

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

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| S3082 | Continued From page 1<br><br>The 10/18/24 "Service Plan" is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which failed to document R1's needs with bathing.<br><br>On 04/02/25 at approximately 01:48 PM R1 stated that she bathes herself without assistance.<br><br>- Record review for R3 revealed an admission date of 07/29/24 with diagnoses of rhabdomyolysis, overactive bladder, hypertension, and hypothyroidism.<br><br>The 07/29/24 FCS identified R3 required supervision with walking; was independent with bathing, transferring, dressing, toileting, eating, management of medications, and management of treatments; was identified as having impaired vision and hearing; and was at risk for falls due to unsteadiness. R2 had no cognition or communication difficulties.<br><br>The 07/29/24 combined NSA/HSP identified R3 required assistance by staff for bathing, staff assisted as needed with dressing, and nursing staff administered medications.<br><br>On 04/02/25 at approximately 01:34 PM R3 stated facility staff bring her all of her medications as they need taken and she is able to see without difficulty with her glasses.<br><br>On 04/02/25 at 02:23 PM Certified Medication Aide D stated she administered all of R3's medications today per orders. | S3082 | | |

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| S3082 | Continued From page 2<br><br>On 04/02/25 at approximately 03:04 PM Administrative Nurse C confirmed R3's FCS failed to identify her medication management needs and was incorrect regarding impaired vision.<br><br>The administrator failed to ensure designated facility staff documented the "Functional Capacity Screen" (FCS) accurately on the functional capacity screening form for R1 and R3. | S3082 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(a) The administrator or operator of each assisted living facility or residential health care facility 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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)(2) | S3085 | | |

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| S3085 | Continued From page 3<br><br>The facility reported a census of 20 residents with three residents included in the sample. Based on interview, observation, and record review the administrator 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)2 and R3 including a description of the services the resident received and the provider of each service.<br><br>Findings included:<br><br>- Record review for R2 revealed an admission date of 11/06/24 with diagnoses of muscle weakness, hypertension, hearing loss, and heart disease.<br><br>The 11/06/24 Functional Capacity Screen (FCS) identified R2 required supervision with bathing and dressing; was independent with toileting, transfers, walking/mobility, eating, and management of medications and treatments; had no cognitive or communication difficulties; was continent of bladder; and had impaired vision and hearing.<br><br>The 11/06/24 "Service Plan" is the facilities combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which acknowledged facility staff provided cueing and supervision with bathing and dressing. R1 self-administered medications. R1 received assistance from staff occasionally for incontinence. The NSA/HSP failed to describe services provided for impaired hearing.<br><br>Observation on 04/02/25 at 02:02 PM during | S3085 | | |

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| S3085 | Continued From page 4 | S3085 | | |

conversation with R2 he required loud conversation as well as talking while looking directly at face of speaker. He was wearing hearing aides in both ears.

On 04/02/25 at 12:04 PM Administrative Nurse C stated when communicating with R2 staff look at when talking, speak louder, and he used headphones for activities. She confirmed R2's NSA failed to describe the services provided for impaired hearing.

The administrator failed to ensure R2's NSA described the services he received, and the provider of the service based on his FCS.

- Record review for R3 revealed an admission date of 07/29/24 with diagnoses of rhabdomyolysis, overactive bladder, hypertension, and hypothyroidism.

The 07/29/24 FCS identified R3 required supervision with walking; was independent with bathing, transferring, dressing, toileting, eating, management of medications, and management of treatments; was identified as having impaired vision and hearing; and was at risk for falls due to unsteadiness. R2 had no cognition or communication difficulties.

The 07/29/24 combined NSA/HSP identified R3 required assistance by staff for bathing, staff assisted as needed with dressing, and nursing staff administered medications. The NSA/HSP failed to describe services provided for impaired vision, impaired hearing, or prevention of falls.

Observation on 04/02/25 at approximately 01:31

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| S3085 | Continued From page 5<br>PM R3's apartment floor was free of clutter and she utilized a walker. She was wearing glasses.<br><br>On 04/02/25 at approximately 01:35 PM R3 stated she has hearing issues and has hearing aides but does not wear them consistently.<br><br>On 04/02/25 at approximately 03:02 PM Administrative Nurse C confirmed R3's NSA failed to describe the services provided for impaired vision, impaired hearing, and prevention of falls.<br><br>The administrator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS. | S3085 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.<br>(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. | S3175 | | |

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| S3175 | Continued From page 6<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(a)(1)<br><br>The facility reported a census of 20 residents with three included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 1 could self-administer medications safely.<br><br>Findings included:<br><br>- Record review for R1 revealed an admission date of 10/19/24 with diagnoses of chronic diastolic heart failure, depression, and hypothyroidism.<br><br>The 10/18/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications.<br><br>The 10/18/24 "Service Plan" is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which identified facility staff would administer R1 medications except for albuterol nebulizer treatments.<br><br>Review of R1's orders revealed Breztri Aerosphere was ordered on 10/24/24 with instructions to inhale two puffs two times a day with unsupervised self-administration and ipratropium bromide nasal solution 0.06% to be inhaled in the morning with unsupervised self-administration. Other orders without | S3175 | | |

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| S3175 | Continued From page 7 | S3175 | | |

instruction to take unsupervised include docusate sodium as needed for constipation and acetaminophen 500 milligrams as needed for pain.

The 10/22/24 "Medication Self-Administration Safety Screen" for R1 documented she was safe to self-administer albuterol sulfate nebulization solution.

R1's record lacked evidence of documentation a medication self-administration assessment to administer Breztri, ipratropium bromide, docusate sodium, or acetaminophen was completed.

Observation 04/02/25 at approximately 01:50 PM of R1's apartment revealed two cabinets in bathroom with bottles of medications including Miralax, Pepto Bismol, ibuprofen, docusate sodium, cetirizine, acetaminophen, and chlorhexidine. R1 had Brextri inhaler on bathroom sink counter and three boxes of ipratropium bromide for inhalation in closet.

On 04/02/25 at approximately 01:49 PM R1 stated she took her "puffer" meaning Breztri inhaler every day and she had a bottle of Tylenol (acetaminophen) to use and aspercream to apply to her hip. She stated she also had a bottle of ibuprofen but was told to not take it anymore.

On 04/02/25 at 02:30 PM Certified Medication Aide D confirmed R1 had medications in her cabinet that she was not assessed to be able to take independent and safely.

On 04/02/25 at approximately 02:33 PM Administrative Staff A confirmed the "Medication

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| S3175 | Continued From page 8<br>Self-Administration Safety Screen" lacked documentation of safe administration for the medications R1 had in her apartment.<br><br>The administrator failed to ensure a licensed nurse performed an assessment to determine if R1 could self-administer medications safely. | S3175 | | |
| S3200 SS=E | 26-41-205 (d) (1-2) Facility Administration of Medications<br><br>(d) Facility administration of resident ' s medications. If a facility 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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(d)<br><br>The facility reported a census of 20 residents with three included in the sample. Based on interview and record review the administrator | S3200 | | |

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| S3200 | Continued From page 9 | S3200 | | |

failed to ensure facility staff administered all medications to Resident (R) 1 and R3 in accordance with their medical care provider's orders.

Findings included:

- Record review for R1 revealed an admission date of 10/19/24 with diagnoses of chronic diastolic heart failure, depression, and hypothyroidism.

The 10/18/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications.

The 10/18/24 "Service Plan" is the facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) which identified facility staff would administer R1 medications except for albuterol nebulizer treatments.

The 10/20/24 medical provider's order for levothyroxine 100 microgram (mcg) tablet by mouth one time a day was for hypothyroidism.

The February 2025 "Medication Administration Record" (MAR) documented R1 was not administered levothyroxine on 02/01/25, 02/03/25, 02/04/25, 02/11/25, 02/20/25, and 02/24/25.

The March 2025 MAR documented R1 was not administered levothyroxine on 03/03/25, 03/11/25, 03/21/25, 03/28/25, and 03/30/25.

Review of R1's record revealed facility staff failed

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| S3200 | Continued From page 10 | S3200 | | |

to administer levothyroxine per the medical provider's order.

- Record review for R3 revealed an admission date of 07/29/24 with a diagnosis of hypothyroidism.

The 07/29/24 FCS identified R3 was independent with management of medications.

The 07/29/24 NSA/HSP identified facility staff would administer R3 medications.

The 07/30/24 medical provider's order for levothyroxine 100 mcg tablet by mouth one time a day was for hypothyroidism.

The February 2025 MAR documented R3 was not administered levothyroxine on 02/01/25, 02/03/25, 02/04/25, 02/11/25, 02/20/25, and 02/24/25.

The March 2025 MAR documented R3 was not administered levothyroxine on 03/03/25, 03/11/25, 03/21/25, 03/28/25, and 03/30/25.

Review of R3's record revealed facility staff failed to administer levothyroxine per the medical provider's order.

On 04/02/25 at 12:25 PM Administrative Staff A confirmed facility staff failed to administer R1 and R3's levothyroxine medication per their medical provider's orders.

The administrator failed to ensure facility staff administered all medications to R1 and R3 in accordance with their medical care provider's

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| S3200 | Continued From page 11<br>orders. | S3200 | | |
| S3227 SS=F | 26-41-205 (l) (2) Medication Regimen Review Variance Report<br><br>(l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(l)(2)<br><br>The facility reported a census of 20 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse notified the medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response within five working days for all residents.<br><br>Findings included: | S3227 | | |

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| S3227 | Continued From page 12<br><br>- Medication regimen review recommendations were requested for the quarter four of 2024 and quarter one of 2025 which the facility failed to provide.<br><br>On 04/02/25 at approximately 02:54 PM Administrative Staff A stated she expected Administrative Nurse C to send the pharmacist's recommendations to residents' medical care providers to seek response.<br><br>On 04/02/25 at 02:58 PM Administrative Nurse C confirmed records lacked evidence pharmacy recommendations were sent to medical care providers.<br><br>On 04/02/25 at 02:53 PM Administrative Staff A confirmed the medical care providers were not notified of variances identified in the medication regimen reviews by the licensed pharmacist for the last two quarters.<br><br>The administrator failed to ensure a licensed nurse notified the medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response within five working days for all residents. | S3227 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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; | S3310 | | |

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| S3310 | Continued From page 13<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 20 residents with three residents included in the sample. Based on interview and record review the administrator 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 for one resident and three staff.<br><br>Findings included:<br><br>- Record review for Resident (R) 2 revealed an admission date of 11/06/24 with diagnoses of muscle weakness, hearing loss, and heart disease.<br><br>R2's record lacked evidence of documentation a TB skin test was administered within seven days of residency.<br><br>On 04/02/25 at 02:35 PM Administrative Staff A confirmed R2's record lacked evidence of | S3310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N075005 | A. BUILDING: _____ B. WING _____ | 04/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WESTY COMMUNITY CARE HOME | 105 N HIGHWAY 99 WESTMORELAND, KS 66549 |

| (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 |
|---|---|---|---|---|
| S3310 | Continued From page 14<br>documentation of TB testing.<br><br>- Review of Certified Nurse Aide (CNA) E's employee record revealed a hire date of 02/05/25 with first step of TB skin test administered 02/05/25. The record lacked date a second step was administered.<br><br>- Review of CNA F's employee record revealed a hire date of 10/09/24. The employee provided results of a TB skin test from prior to employment which was administered on 09/08/23 (over one year prior to employment). The record had one step which was documented as administered on 10/14/24. The record lacked a second step administration and result.<br><br>- Review of Certified Medication Aide (CMA) G's employee record revealed a hire date of 09/21/24. The employee provided a first step of two-step TB skin test (TST) administered on 06/13/24 (approximately three months prior to employment). A second step was administered 10/16/24 (over three weeks after employment began).<br><br>- Review of CMA H's employee record revealed a hire date of 11/15/23 with first step of TST administered on 11/15/23. The second step was administered 12/31/23 (over six weeks after first step).<br><br>On 04/01/25 at approximately 02:40 PM Administrative Staff A confirmed the staff records lacked evidence of documentation TB testing was completed according to the department's TB guidelines. | S3310 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N075005 | A. BUILDING: _____ B. WING _____ | 04/02/2025 |

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|---|---|---|---|---|
| S3310 | Continued From page 15<br><br>The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test within seven days of employment or admission. If a new employee provided documentation of one negative resulted step of TST within six months prior to hire, they are required to receive one additional step within seven days of employment. The second step of TST was to be administered within one to three weeks after negative first step.<br><br>The facility's "Employee TB Testing" policy dated 07/06/22 explained that all new staff would receive a two-step tuberculin skin test within seven days of employment. If first step read as not positive then a second step would be administered within one to three weeks. Any skin test not read within 72 hours would be repeated.<br><br>The administrator 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. | S3310 | | |